Clinical Lecture
ON
SIMPLE FRACTURE OF THE SHAFT OF THE FEMUR.

Delivered at University College Hospital,

BY JOHN ERIC ERICHSEN, F.R.C.S.,
SENIOR SURGEON TO, AND HOLME PROFESSOR OF CLINICAL SURGERY AT, UNIVERSITY COLLEGE HOSPITAL.

I WISH to say a few words to you to-day, gentlemen, on a class of cases of very common occurrence, and of great importance to the surgeon, perhaps the most important class of cases of frequent occurrence in hospital practice—namely, Simple Fractures of the Shaft of the Thigh-bone. The importance of this class of injuries arises less, perhaps, from their actual severity than from the length of time that the patient is confined to bed, and is prevented from working in consequence of the nature of the injury; and also on account of the great liability that there is in these cases for a certain amount of deformity to take place in the direction of shortening, notwithstanding every care on the part of the surgeon.

Now in these cases of fracture of the shaft of the femur—and what I am going to say refers to simple fracture of the femur,—in these cases you will find that there is a tendency to displacement of both fragments, the upper and the lower; and that both of these fragments may be displaced in two different directions. It is in order to obviate this displacement—to counteract it by mechanical means—that all our treatment is directed.

The *upper* fragment may be displaced in two different directions. It is always displaced in a direction *forwards;* it always has a tendency to be drawn or tilted up. It has also a tendency, however, either to be *everted* or to be *inverted*—more frequently everted than inverted. That is the direction of the displacements in the upper fragment.

The *lower* fragment has always a tendency to be drawn *upwards*, and it has a tendency also to be rotated *outwards*—as a general rule. That is the direction of the displacement in the lower fragment. So in the upper fragment you have a tilting forwards and a rotation outwards or inwards, as the case may be; in the lower fragment you have a dragging of the limb upwards, with a rotatory displacement outwards.

Now let us inquire for a few minutes into the causes of these displacements of the two fragments, because it is to the counteraction of this that all our efforts are directed.

It is not very often that the surgeon has an opportunity of examining after death and dissecting recent simple fractures of the thigh-bone, because of course a fracture of the thigh-bone is not a fatal accident, and it is only if it happens to be complicated with some other injury which is immediately fatal that the surgeon has an opportunity of examining it, and of ascertaining what muscles are at fault. On three occasions we have had opportunities of examining the condition of the muscles in recent fractures of the shaft of the thigh-bone, and I wish to state to you the condition in which the muscles have been found in these three cases.

The first of these cases to which I will direct your attention was that of a man who was admitted about a couple of years ago into Ward 1. His name was John R——, and he was admitted in consequence of having been run over by a cart. The wheel had passed across his chest, produced a fatal injury of the lung, but at the same time had broken both his thighs in very much the same situation—namely, at the junction of the upper and middle thirds. The fractures were simple, and in both limbs the bone was obliquely broken. Now in this man the condition of things was as follows:—On the right side, the seat of fracture was near the junction of the upper and middle third of the thigh-bone. There was riding to the extent of two inches, the upper fragment overlapping the lower one, and being splintered off from below upwards, so as to be oblique from below upwards. The upper fragment was tilted upwards and rather inwards; the lower one was drawn up behind it. That was the condition in which the limb was found—displacement to two inches, with the upper fragment drawn forwards and inwards.

Now the condition of the muscles was as follows:—On dividing the psoas and iliacus muscles the upper fragment could be depressed slightly. The adductor brevis and pectineus were now found to be tense, and on cutting them through, it could be still further depressed; but it was still drawn strongly inwards. The internal rotator muscles were found very tense, especially the obturator internus. On cutting this through the fragment yielded completely, and fell into its normal position. That was the condition in which the upper fragment of the right thigh was found. So you see the muscles at fault were the psoas and iliacus to some extent, the adductor brevis and pectineus to a greater extent. These had a tendency to draw it somewhat forwards, but the internal obturator was the muscle apparently that chiefly gave rise to the displacement inwards.

With regard to the lower fragment, it was found that the adductor magnus and part of the adductor longus were torn; the other muscles were uninjured. When extension was made with the limb straight out, the flexors of the leg offered a slight resistance. These were divided. The vastus externus was next cut through; the lower fragment could then be drawn down a quarter of an inch. That was the extent to which these muscles operated in producing the displacement. It yielded one inch more on dividing the vastus internus, and three-quarters of an inch more on dividing the adductor magnus and longus, making up the two inches of displacement altogether.

On examining the left thigh a very similar condition of fracture was found. The effect of the section of the different muscles was as nearly as possible the same; but the vastus externus seemed to take rather a larger share in displacing the lower fragment. Here, then, you will see that the muscles that were chiefly at fault in connexion with the lower fragment were the vastus externus and internus, the adductor longus and the adductor magnus.

In another case, which occurred previously, and of which I have given a short account in the last edition of my work on Surgery, a very similar condition of things was found. The patient was an old man who died about three hours after meeting with a compound comminuted fracture of the middle and lower thirds of the right thigh-bone, and in whom the displacement of the upper fragment *forwards* and *outwards* was very distinctly marked. In this case you will observe that the upper fragment was drawn forwards and outwards, and not forwards and inwards, as in the case I have just mentioned. It was found that the gluteus maximus and medius could be divided without affecting the position of the bone; but when the gluteus minimus was cut across, it yielded somewhat. The pyriformis and external rotators were now felt to be excessively tense; and on cutting these across, the end of the fragment could at once be drawn inwards, all opposition ceasing. The projection forwards still remained, however; and this, which was evidently due to the tension of the psoas and iliacus muscles, yielded at once on dividing them. That was the condition of things in the upper fragment in that case, where the rotation was outwards, and the tilting, as in the other case, was forwards. In the one case the external rotators were affected; in the other, the internal. In both these cases the lower fragment was more or less under the influence of the adductors and of the vasti muscles.

There is one other interesting point connected with these cases; and I may allude to it without going into the vexed question as to the contractility of muscles, and the causes of muscular rigidity after death. The interesting point is this: that those muscles which were contracted during life, which had been shortened and thickened by their contraction during life, continued shortened and thickened—in fact, continued contracted after death, and offered the resistance after death to the restoration of the normal position of the limb that they would have offered, and that they did offer, during life. The muscles that were uncontracted at the time of death were not contracted after the rigor mortis had passed; the others continued contracted as they had been during life.

So much for the particular muscles that caused the displacement of the two fragments in these cases of fracture of the thigh, and the different directions in which the displacement may be affected. Now for a few words as to the treatment of these conditions.

Simple fractures of the shaft of the thigh-bone in this hospital are treated, as you are aware, on three different plans—1st, by means of Liston's long splint; 2ndly, by means of the starched bandage; and lastly, by means of extension pro-

duced by weights. Now, in all these methods of treatment I believe that the end that is obtained is exactly similar, although the means that are employed for the attainment of that end are dissimilar. I believe that all these methods of treatment are useful, that they may all be advantageously combined, and that it is well, in cases of fracture of the shaft of the thigh-bone, not to rely too exclusively upon any one method of treatment.

With regard to Liston's long splint, it is undoubtedly a very useful method of treatment in all cases of fracture of the shaft of the thigh-bone, but especially perhaps in cases of oblique fracture. By means of it—by the traction on the foot at one end, by the tension of the perineal band at the other—a good length of limb may be maintained without much danger of shortening to any very material extent taking place. Hundreds of cases of fracture of the thigh have been treated in this hospital by the long splint, and I may say uniformly with a very considerable amount of success. I do not say without shortening, for that would be to claim too much for any method, but with results so satisfactory that we have never felt disposed to change it for any other apparatus in the treatment of fracture of the shaft of the thigh-bone.

One objection that has been raised against the long splint is this: that by it traction is made upon the limb in a straight line from the foot to the pelvis—in the axis, in fact, of the long splint itself; whereas in the normal condition the femur is curved, and the action of the long splint has a tendency to obliterate the natural curve of the femur. This objection is entirely a theoretical, and not a practical one. No doubt, so long as the limb is maintained upon it, the long splint has a tendency to draw the limb into its own axis rather than into the natural axis of the femur. But in the case of fractured thigh-bone—as in the case of every other broken bone,—at the end of seven or eight weeks, when the use of the splint is discontinued (supposing the case to be treated throughout on the long splint), the callus is still to a certain extent yielding; it is sufficiently firm to maintain the integrity of the bone, but it is not sufficiently firm to oppose an impediment to what one may term the *moulding or modelling* action of the muscles of the limb. These muscles, by their natural contractility, tend to mould the bone into its proper shape, not only after the fracture is set, but even after its union by callus. For many weeks the callus is still sufficiently yielding to admit of a certain amount of moulding, as it were, going on in the shape of the limb, although it is sufficiently strong to support the limb in its integrity without anything like bending or refracturing; and you will find that after the long splint has been discontinued, the limb will fall into its normal shape, even though it may not have had it altogether at the time of leaving off the use of this splint. This is an objection which, of course, applies not only to the long splint, but also in all cases of fracture to every splint that is straight, and that does not adapt itself to the normal curves of the limb. It is not special to the long splint, and it is corrected in all cases of fracture in the way that I have mentioned—by this moulding action upon the still soft callus of the muscles of the limb.

(To be concluded.)

ON THE NATURE AND TREATMENT OF PULMONARY CONSUMPTION

AS EXEMPLIFIED IN PRIVATE PRACTICE.

BY CHARLES J. B. WILLIAMS, M.D., F.R.S.,

CONSULTING PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AT BROMPTON;

AND

CHARLES THEODORE WILLIAMS, M.B. OXON.,

ASSISTANT-PHYSICIAN TO THE SAME HOSPITAL.

(Continued from p. 494.)

THE general conclusion with regard to pulmonary consumption is, that it depends on the deposit of a cacoplastic or aplastic matter in the lung, tending to further processes of degeneration and disintegration, which involve the tissues of these and other organs in decay, and, sooner or later, spread their wasting influences through the whole flesh and blood of the body.

But as the disease is thus a lowering or degradation of the natural process of nutrition, it may be expected to show different degrees of degradation from the natural or healthy standard, and therefore different degrees of destructive or consumptive tendency; and it is in these gradations that we find an explanation of the forms and varieties of pulmonary consumption, and their remarkable differences in symptoms, tractability, and duration.

In the worst form of acute tuberculosis, cited in the first of these papers, the whole blood is infected with the proliferating cells of nascent tubercle, as it is with pus in pyæmia; and the rapid invasion and obstruction of the lungs is attended with the general adynamic and typhoid symptoms of blood-poisoning, which may destroy life before there is time for the further softening and decay of the tubercles. But this is an extreme and comparatively rare case. More commonly the tubercles degenerate, soften, and form excavations, the intervening tissue becoming inflamed and partially hepatised, its grey or mottled hue and fragile substance proving its degraded state, and how the lungs, thus riddled through with small vomicæ or tuberculous abscesses, become an unresisting prey to the ruthless destroyer, *galloping consumption*.

In the pulmonic form of acute phthisis the blood is less extensively affected, and the deposition of tuberculous matter in the form of corpuscular or caseous lymph is at first confined to the inflamed part. But this soon softens, involving the containing tissues in ulceration and decay; and whilst it thus goes on consuming the organ, it also infects the blood, causing rapidly increasing weakness and emaciation, hectic fever and sweats, and further dissemination of granular tubercles in other parts of the lungs, in the intestines, and in other organs: thus proving its identity with those other forms of tuberculous disease.

So, too, we may have something like the converse of the above case, when granular or clustered tubercles have pre-existed, and a portion of the lungs—a lobule, a lobe, or a whole lung—has been attacked with acute inflammation, ending in consolidation with aplastic deposit, already presenting, or soon assuming, the caseous character, with the usual softening and excavating tendencies of yellow tubercle. This, when extensive, constitutes another variety of acute pulmonary consumption.

Among the acute forms of pulmonary consumption may also be reckoned the hæmorrhagic and embolic varieties, in which the great pulmonary vessels are extensively diseased; leading in one case to frequent and excessive hæmorrhage, and in the other to the obstruction of the same vessels with fibrinous clots. This latter has been described by Dr. Andrew Clark. These are of rare occurrence, and we cannot do more than mention them.

In by far the largest proportion of cases, pulmonary consumption is a chronic disease, lasting many months, and even years. Yet we find in these the same lesions as in the acute disease, but either more limited in extent or less degraded in scale; so that they more slowly encroach on functions and structures, and we have more time and means to control and counteract them.

In chronic phthisis we may still distinguish *inflammatory* and *tuberculous* varieties. In many instances a previous attack of inflammation of the lungs, or of the more intense form of bronchitis, has left behind it a consolidation of the lung-tissue, which may form the foundation of pulmonary consumption. After the attack the patient recovers to a certain extent, and may lose cough and expectoration; but the breath is shorter on exertion, and there is greater liability to fresh attacks. Either in consequence of one or more of such attacks, or after some deterioration of the general health, the cough returns and becomes constant, attended with muco-purulent expectoration, and, perhaps, occasional hæmoptysis; moist crepitus is heard in the old consolidation, and may be in other parts as well, and the career of phthisis is begun.

The cause of this change is the further degeneration of the inflammatory deposit, from the cacoplastic to the aplastic state—in other words, from the low organised solid to the granular, disintegrated condition of opaque softening; and, consequently on this, miliary tubercles appear in other parts from the diffusion of the degenerated matter through the bloodvessels and lymphatics, and so the deterioration and consumption becomes general.

On the other hand, if the subject of a former inflammatory consolidation is carefully protected from the causes of fresh attacks, and from all deteriorating influences, the consolidation may preserve and even improve its organisation, by becoming more fibrous and shrinking, whilst the granular or hyaline part is removed by absorption, the diminished space being filled by dilatation of the neighbouring air-cells.

In cases in which the inflammatory consolidation is very extensive and tough, as after chronic pleuro-pneumonia, it may remain long in its contractile condition, constituting what has been called cirrhosis of the lung, which I believe to be identical with that recently described by Dr. Andrew Clark as "fibroid phthisis." But such cases commonly tend to degenerate further; and, sooner or later, cavities are formed; granular tubercles then begin to appear in other parts; and thus the disease ends like ordinary phthisis.

On the contrary, we have known several such cases take a turn the other way and recover. The condensed tissue, after a long time, reopens, partially and irregularly at first, with more or less crepitus in the breath-sound, which eventually is replaced by a remarkably dry vesicular sound, indicative of what has been described as flaccid or atrophied emphysema.* This may occur in some parts, whilst others are still condensed; and thus some parts sound hard and dull on percussion, whilst others are remarkably clear; and the vesicular breath-sound is diversified with patches of obstruction, and of whiffing tubular sounds of breath and voice. We may even have cavernous sounds, from extensively dilated bronchi, or from a dry pulmonary cavity in one part, and the clear stroke and dry breath-sound of flaccid emphysema in adjoining parts; and this strange combination of signs may be permanent in cases of imperfect cure. But in the best cases, which occur generally in young subjects, the restoration of the lung is more complete; and the dulness, obstruction, and tubular sounds give place to clear pulmonary stroke and breath sounds, the tubular sounds disappearing, except perhaps within or above a scapula, where they are rarely quite obliterated.

Chronic phthisis frequently also originates in granular or clustered tubercles, forming independently of inflammation. Either from hereditary defect or from the operation of some deteriorating influence in the system, small portions of the blood-plasma are deposited in the lungs in form of the proliferating cell, (germinal matter, Beale,) with its degenerative tendency, but to a much more limited extent, and probably in a more gradual manner, than in acute tuberculosis. Therefore the disease is more partial, producing less disturbance of function and structure; but still distinguished by characteristic symptoms and signs, and tending, if uncontrolled, to increase insidiously, and to spread its decaying influence slowly but surely in the lungs and in the system, and in two or three years to run its fatal career. But this chronic form of the disease may often be controlled, in most cases retarded, so that life is prolonged in some comfort for many years; and in not a very few instances it may be altogether arrested and cured.

Without further dwelling on general description we proceed to illustrate the subject by a series of cases, as they have occurred in private practice.

Before we proceed to give short abstracts of the cases which are intended to exemplify the subject of this paper, it will be necessary to explain briefly the plan on which the selection is made. The notes at our disposal extend over a period of upwards of thirty years, and include notices, long or short, of more than 20,000 cases. Such numbers, although available for some statistical purposes, are too great for practical results, and they will the better bear reduction because many of the cases have been under observation only once or twice, or for a period too short to supply conclusive facts in respect to a disease more or less chronic. A selection has, therefore, been made of those cases which have been seen or heard of a year and upwards after the first examination, so that a more correct estimate may be formed of the course of the disease and of the influence of treatment. This selection excludes the rapidly fatal cases of acute tuberculosis, which fortunately are comparatively rare. On the other hand, it also excludes the more numerous instances of speedy amelioration in the early stages, or slighter forms of the disease, in which a cure, whether permanent or not, has been effected in a few weeks or months; and the patients have not found it necessary to repeat their visits. Uncertainty must hang over the results of many such cases, both in private and in hospital practice; but that their issue is often more favourable than is generally supposed to be the case in pulmonary consumption is probable from the fact, that a week hardly ever passes without the reappearance or the tidings of a former patient seen and found to be phthisical in years gone by.

By thus selecting cases which have been at least a year under observation, those which speedily prove fatal are excluded; but this does not apply to all acute cases, for it will be found that some presented an acute character at first, or at one period of their course, with symptoms of rapid decline, and yet the patients have survived, recovering a certain amount of health and flesh, whilst the disease has remained in a mitigated and chronic form.

Another limitation has been made with regard to the period from which these cases are taken. Although we possess the records of thirty years' experience and upwards, we have not yet had leisure to profitably deal with more than sixteen years, commencing with 1842 and ending with 1857 inclusive; and the time that has elapsed during this period affords a rare opportunity of observing, in a number of cases, the manner in which the disease may become developed and begin to show its destructive nature, and yet be arrested more or less completely under treatment. On some future occasion we hope to give the results of the whole series of records at our command. The present selection will reduce the numbers to 500; of these we proceed first to give abstracts of those cases most remarkable in their results, and afterwards propose to examine the statistics of the whole number.

CASE 1.—A veterinary surgeon, aged thirty. August 6th, 1846: Six months suffering from cough; copious expectoration; rapid loss of flesh, strength, and breath; now sweats and diarrhœa. Physical signs: Dulness in both upper parts of the chest, but mostly in the right, where cavernous sounds exist, with obstructed breath around. Ordered, cod-liver oil twice a day; and a pill composed of sulphate of copper and morphia every night. Liniment of acetum cantharidis.

Oct. 18th.—Was blistered freely, and has taken the oil regularly, increased to six drachms three times a day. Very much improved in every respect. Has gained nine pounds; can walk five miles, and can even run. Bowels now costive. Physical signs: Still cavernous sounds in upper right side of chest, but no crepitus around, and more breath.

March 6th, 1848.—Was quite well, with the exception of the breath being rather short, and left off the oil twelve months. Fourteen days ago he was attacked with "severe pleurisy" of the right side after exposure to cold. Has been blistered, and is better, but very weak. Physical signs: Still large tubular sounds above and below the right clavicle, but percussion good. Loud sonorous rhonchus on deep breath, and slight crepitus at left base.

July 29th, 1850.—Took oil, &c., and soon recovered. Now walks twenty miles, and is stouter than ever; but breath still short, and suffers from cold wind. Physical signs: Tubular sounds above both clavicles, but stroke and breath-sound clear in all parts; expiration long.

Sept. 18th, 1854.—Quite well, except occasional lumbago, and in last few weeks cough. No oil for nine months. Physical signs: Some dulness, obstruction, and croak in upper right.

July 8th, 1859.—Generally well, except occasional attacks of cold and cough, for which he blisters and takes oil, and is soon well, gaining twelve or fifteen pounds. Physical signs: Still some dulness and tubular sounds in upper right back.

1868.—Heard he continues well, *twenty-two years* from first attack.

CASE 2.—A young gentleman, aged fifteen. Several paternal aunts died from phthisis. Sept. 12th, 1847: Nine years ago, after gastric fever, was very weak; the cervical glands became enlarged, and discharged several times on both sides for a year or more. A year ago had measles, followed by whooping-cough; and ever since has had cough and short breath, and been thin and weak. Physical signs: Superficial dulness, tubular sounds, and moist crepitus below left clavicle. Loud tubular sounds, and small spot of dulness within right scapula. Prescribed cod-liver oil, and a vesicating liniment occasionally.

May, 1849.—Wintered in Madeira, but did not continue the oil. Cough and breath better. Physical signs: Less dulness and crepitation in left front. Still tubular sounds in right interscapular region.

June, 1860.—Another winter was passed in Madeira, and two in Egypt and Italy. Taking oil irregularly. Cough generally better, but not much improvement in breath or strength. Dr. Williams then recommended long sea voyages for two years. Accordingly he went to Australia and India, and returned much improved in flesh and strength, and had quite lost cough and expectoration. Has since wintered chiefly in Egypt, which agrees well. Physical signs: Chest and respiratory power increased. Stroke clear (emphysema), and breath-sound rather rough in left front. Tubular sounds at right scapula. Still loud tubular sounds within left scapula.

1865.—Has enjoyed more uniform and vigorous health, and wintered three years in Scotland and England. Now in Parliament, and attends pretty regularly.

* Library of Medicine, vol. iii., p. 156—6.

Dec. 1866.—After skating in Scotland, was attacked with pain in the chest, dyspnœa, and fever, with obstructed breathing and crepitus in both lungs, most in left. This soon subsided under treatment, and the chest returned to its former state; but after wintering in South Hants, the stomach and bowels were disordered more or less all summer till six weeks at Kissengen under the goat's-milk cure; after which he wintered at Cannes. More than *twenty years* have passed since his first visit.

CASE 3.—A gentleman, aged twenty-two, first consulted Dr. Williams on October 4th, 1847. Six months ago he had an eruption, followed by boils, and three months later cough and expectoration, which continued up to the present date. Physical signs: Dulness and deficient breath in upper portion of the left side of the chest. Was ordered a mixture of nitric and hydrocyanic acids, tincture of hops, and henbane in decoction of Iceland moss; and counter-irritation with acetum cantharidis.

Aug. 12th, 1848.—Lost cough, and improved much in two months; but caught fresh cold a month later, and cough returned, with wasting and sickness, the latter having been caused by trying impure cod-liver oil. Physical signs: Dulness and dry cavernous sounds in both mammary regions; large tubular in upper back.

Dec. 5th.—Has taken pure oil in a mixture of nitric and hydrocyanic acids, with tincture of orange-peel regularly at Ventnor, with increase of strength and appetite, and of weight amounting to 14 lbs.; cough worse at Ventnor. Physical signs the same, but croaky cavernous sound under left clavicle.

May 5th, 1849.—Generally better, and cough moderate. The oil occasionally sickens when exercise is not taken. Physical signs: Dulness in left side; muffled cavernous sounds below left clavicle; cavernous croak above scapula; tubular sounds above right scapula.

Sept. 25th.—Continued well till a week ago, when he had hæmoptysis, six ounces.

May 4th, 1850.—Had bilious fever some months ago, which much reduced him. Omitted oil for one month, but has since taken it regularly, and quite recovered flesh and strength; cough moderate; physical signs the same.

May 9th, 1851.—Well since, and out all the winter at Ventnor, with only slight cough, and no expectoration; no croaky or cavernous sounds in left lung; obscure bronchophony in scapular region, and breath weak above and harsh below. In right lung, respiration tolerably vesicular; expiration long, but not tubular.

October, 1852. — Embarked for New Zealand, but was wrecked in the Channel, and much exposed to cold and wet, without permanent injury. Wintered well at Torquay, and went to New Zealand in September, 1853.

Oct. 28th, 1863.—After arrival in Auckland, had more or less cough the first two or three years, but gradually lost it, and for the last six years has been quite well. Held a Government office in New Zealand till his return this year. Has been married several years. Physical signs: Tubular breath in upper part of both sides of chest, most in the left, but good vesicular below.

1867.—Has lived in England four years, wintering at Falmouth, and enjoys general good health.

In this case we may fairly conclude that cicatrisation of the cavities took place, and that no deposit of considerable amount remains. The patient has lived *twenty years* since his first symptoms, and for the last ten has had no active disease.

CASE 4.—An unmarried lady, aged twenty-eight, consulted Dr. Williams September 3rd, 1847. Had a cough for eighteen months, which commenced after taking cold baths, and had persisted ever since. Six months ago a remarkable purpura eruption came on her body, which had mostly disappeared, but was followed by increase of cough. Formerly had swellings under her jaws, but these had diminished. In the last two months, breath, flesh, and strength have been very much reduced. Had no appetite till she visited Margate, and on her return from that place she spat a few mouthfuls of blood, which relieved cough and tightness of chest. Patient at present very weak and much emaciated; has quick pulse and profuse night sweats. Physical signs: marked dulness and cavernous sounds in more than upper half of left side of chest; stroke-sound clearer below, and moist crepitation; some moist crepitation in upper part of right side also. Ordered a combination of nitric and hydrocyanic acids, with tinctures of hop, calumba, and henbane, and a tinctus containing morphia. A week later she was no better, and had loathing of food and increasing emaciation. Cod-liver oil was then added to the above treatment, and two months later she had wonderfully improved in flesh, strength, and well-being, with little cough, no expectoration, and an excellent appetite.

Jan. 1848.—Continues to gain flesh and strength; catamenia absent; dulness and dry cavernous sounds in upper part of left lung. Ordered a nightly pill of aloes and iron, and the continuance of the oil &c.

Oct. 1848.—Well and in good condition; cough moderate; able to walk several miles; but breath still short, and lately has had diarrhœa; catamenia now regular; dulness and dry cavernous sounds in upper left down to second rib; obscure vesicular breath below.

Was married in 1850, and Dr. Williams has not seen her since, but has heard that she was alive and well in 1867, twenty years after the first visit, and *twenty-one years and a half* after her first symptoms. When first seen the case presented all the aspects of galloping consumption.

(To be continued.)

OBSERVATIONS ON OPHTHALMIC SURGERY.

BY HAYNES WALTON, F.R.C.S.,
SURGEON TO ST. MARY'S HOSPITAL, AND TO THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

No. IV.

WOUNDS OF THE CORNEA WITH PROLAPSE OF THE IRIS.

AN accidental penetrating wound of the cornea, whether by puncture, incision, or rupture, is almost invariably followed by prolapse of the iris; and this is still more sure if the wound be near the margin of the cornea. The iris is forced out by a gush of aqueous humour, which escapes with varying velocity, according to the nature of the accident, and becomes wedged in the gap. The elasticity of the cornea exerts a tightening influence. The effect on the pupil is always marked; there is distortion with diminution, the aperture being pulled to the spot where the iris has escaped; the pupillary movements are therefore interfered with. It is seldom with a lateral prolapse that any part of the pupillary edge is involved; although, as a very rare occurrence, I have seen the greater part of the iris thrust out in this position, carrying with it the entire pupil, and leaving the remainder tightly stretched across the chambers. With a central wound, a very slight prolapse may destroy the pupil; and the worst class of cases is those in which there is a considerable rent, the anterior chamber destroyed, and the iris in contact with the cornea. These accidents are remarkably common, the commonest of all the severe ones, and occur for the most part among children during play with sharp-pointed instruments, and with stones, bits of slate, &c. I meet with several cases every year in private practice and in hospital.

Treatment.—The thing indicated is to return the iris within the eye. This reduction is often talked about, and rules given for effecting it; but since I have not met with a man who has seen it accomplished, and as I have never been able to effect it, the event must indeed be rare, and the art very difficult to be done. But credit must be given to published reports in which complete success and partial is announced; the cases are too well authenticated to admit of doubt. It is often said that if a bit of iris which is intentionally prolapsed in the making of an artificial pupil, sometimes annoyingly slips back and regains its position, and spoils the desired object, why may not an accidental prolapse be pushed back? There is a physical difference in the detail. In the former there is no wedging, no forcing of the iris into a wound as far as it can be driven. It is gently drawn into a smooth-edged aperture much larger than itself; hence the all-significant difference in the two between the relative proportions of the aperture and the contained mass; therefore the occasional slipping back.

If the reduction of any ordinary case of prolapse be possible, it can only be within a few hours after it has occurred, for very quickly does the process of repair set in. A trustworthy observer, Rosa, examined portions of prolapsed irides at periods varying from two days to five after the accident, and found in all a layer of false membrane easily separable. This is formed

in the course of the natural cure. The new membrane incorporates itself with the divided edges of the cornea—just as happens in the case of disease, when a part of the cornea is lost by ulceration or sloughing,—the iris protrudes, and a staphyloma is formed. It would be useless and hurtful to attempt any reduction after such action is set up.

Supposing, then, a case to be seen within a reasonable limit of time, what is to be done? The answer of modern ophthalmology would be this: If the prolapse occupy the circumference of the cornea, apply to the eye a drop of the fluid extract of Calabar bean, because, by the contraction of the pupil which the bean always produces, disengagement of the iris might follow. I have never been so fortunate as to get such a result. I have, too, tried the experiment when the iris has been prolapsed after the operation for tapping the anterior chambers, but in vain. If it be at the centre of the cornea, use a solution of atropine, which producing an opposite effect—dilating the pupil,—the iris might be pulled aside, and so released from the wound. Now, while I have no faith in the beneficial action of either of these in decided prolapse and strangulation, I admit their usefulness, and I speak particularly of the latter when the iris is not actually protruding and incarcerated, but just in the wound. I saw a young gentleman in less than a quarter of an hour after he had wounded the outer part of one of his corneæ with a scalpel. A portion of the iris was just embraced by the lips of the wound, to which the pupil was pulled, but did not protrude. A drop of two of a solution of a grain of atropine to two drachms of water was at once used, and in three-quarters of an hour the pupil was well dilated and perfectly round, showing that the iris was quite extricated. The dilatation was kept up for several days, till the wound was healed. A small scar on the cornea is the only trace of the accident.

Several manipulative measures are recommended. Some surgical authorities say that in no slight case of prolapse, which is seen quickly after the accident, should one abstain from attempts at reduction; and the readiest, and therefore first method, is to rub the cornea gently through the medium of the upper eyelid for a few seconds, so as to push back the iris, and then suddenly to expose the eye to a bright light, and to repeat this several times in succession, taking care that the sound eye is shaded while the friction is employed, and simultaneously exposed to the light with the injured one. I have never myself thus succeeded; neither has Dr. Mackenzie, nor did Sir Wm. Lawrence, who told me that he had made a great many trials. The plan has been recommended, no doubt, on the fact that an immediate prolapse, after the operation of extraction of a cataract, may sometimes be so reduced; but the cases are not analogous, as a moment's reflection must show.

Dr. Mackenzie thinks that, could the little bag of iris that protrudes be emptied of its aqueous humour, it would often return immediately to its place. Puncturing it would do this; but then a false pupil might be made. The method that he recommends is, instantly after dropping a solution of atropine into both eyes, to bring the patient under the influence of chloroform, and with a small curette to press on the little bag of iris, so as to empty it of its contents. The curette should enter through the wound, carrying the bit of prolapsed iris before it.

I have in recent prolapses made many trials that have been suggested, and I have arrived at the conclusion that it is better for the patient to abstain from any attempt. Such endeavours irritate the eye, and may prove fatal to it. I advise, then, that all attempt at a reduction be withheld, and attention be directed to such treatment, generally and locally, as will subdue irritations, and prevent further damage to the eye.

A small or moderate-sized prolapse generally passes through its destined stages of repair without any ulterior result, provided ordinary care be observed during the period. My practice is to do everything to soothe the eye, and the best of all things for this is to close it with court plaster. In addition, the patient should be kept tranquil. These measures should be continued till the lachrymation and intolerance to light have ceased, when the repair is well established—a condition that will be manifested by the loss of undue vascularity in the eye, except just where the protrusion is, the vessels there being the last to disappear. But if the wound should involve a portion of the sclerotica as well as the cornea, in which case the sensitive ciliary region is involved, or if the prolapse be very large, or if it be accompanied with any other damage to the eye, any of the other effects of a blow, there is greater seriousness in the accident, and longer treatment is needed.

Some notice must be taken of the piece of displaced iris, that without the eye. In primary prolapse the less that is done the better. I have tried all the recommendations, and carefully watched the different kinds of treatment adopted by other surgeons, and I came to the conclusion that those patients did best in which there was no irritation produced by the nitrate of silver or any other drug; they made the best recoveries. Several times I have seen damage done. The solid nitrate of silver is apt to destroy the adhesions to the cornea, and thereby produce a greater prolapse. Neither do I snip away any portion of the iris; it is unnecessary, because the soft and delicate bit never irritates, and the doing of which is itself an injury that has to be repaired. Whatever is not needed in the formation of a proper cicatrix is sure to be efficiently and neatly removed by a natural process, and with a better result and quicker than if interfered with by art.

There is a tendency among surgeons to cease attention to these accidents too soon, and the consequence often is a renewal of the inflammation, with the attendant events.

The effects of a prolapse is according to the displacement of the pupil and its diminution. Sometimes, therefore, vision is not damaged. The more the pupil is pulled to the edge of the cornea, the more is perfect sight interfered with.

Cataract is often the direct effect of this lesion, and that, too, when neither crystalline lens nor its capsule has been injured, and it may commence in a few hours, or may not be manifested for days, weeks, or months. The treatment of the cataract should be delayed till the eye has recovered from all the inflammatory and irritating effects of the accident.

Brook-street, April, 1868.

ON THE MODES OF DEATH IN EPILEPSY.

BY G. MACKENZIE BACON, M.D.,

MEDICAL SUPERINTENDENT OF THE CAMBRIDGE COUNTY ASYLUM.

THE immediate cause of death in epilepsy is a matter which is not always easily solved, and one which is not often discussed in works on medicine, most probably from lack of information. This silence on the part of writers is not to be wondered at, when one considers how few epileptics die in hospitals or under the observation of the more learned teachers of medicine; for, as such patients are generally incurable, and also unpleasant companions, they seldom figure long as in-patients. But there is another cause far more active, and connected with the nature of the disease—viz., that, inasmuch as the mind always suffers from prolonged epilepsy, in a certain time the victims of this disease, or at all events a large proportion of them, disappear from society, and require seclusion in an asylum, where they are lost to the world.

Few, perhaps, are aware how largely epileptics figure in asylum statistics; but in these may be found most of the many failures in treatment of this disease by the general physician. Thus, taking only the pauper class (which can hardly have any special liability to epilepsy), there were on January 1st, 1867, in the public asylums of England and Wales, 24,748 patients, of whom 22,257 were "probably incurable," and of these last 3354 were epileptic—i. e., 15·5 per cent. of the whole number,—a large proportion to represent one cause of the total insanity. I only mention this incidentally to show that this is one of the great results of epilepsy, and that, therefore, the "intra-asylum" features of the disease form an essential element in its consideration.

My object at present, however, is to show some of the modes of death in epilepsy, and this is best illustrated by asylum experience. I am well aware how difficult it is to frame a rigid definition of "epilepsy;" but I think a distinction must be drawn between those cases in which the convulsions are known to be due to some other disease, and those in which there is no organic disease to account for them; in other words, between "primary" and "secondary" epilepsy. Probably at some future time we shall attain to a more precise knowledge of the causes, now so obscure, of many forms of epilepsy, and shall then reduce to the minimum the primary or unexplained; but in our present ignorance we must be content to draw the line somewhere, and for this reason I should not include under the name of epilepsy proper, cases of convulsions in the course of general paralysis, those due to softening, or effusion on, the brain, nor those occurring in Bright's disease. It seems to me as little reasonable to merge such cases indiscriminately in one category, and consider them as positive diseases, as it would

be to treat the feverishness of a catarrh as a special complaint. It may be difficult to express such a distinction in words, but some such method must be present to the mind in considering the various forms of epilepsy, at least if we are to study it to any useful purpose. The confusion caused by the reckless use of the word epilepsy, as explaining everything and representing nothing, is apparent as soon as one tries to estimate the mortality due to this cause, for no one can possibly tell what is included under the word epilepsy in the mortuary lists.

If we read in the Registrar-General's Report for 1864 that 2406 deaths were due to epilepsy, we get no definite idea as to the real cause of death, and cannot tell whether the patients died directly from the fit or in quite a different manner. Indeed, the only proper conclusion to be drawn is, that an individual who was epileptic, amongst other faults, is dead. Surely we might get a nearer approximation to truth than this. The unsatisfactoriness of this sort of information is seen by the vague way in which this subject is dealt with in treatises on Epilepsy. Thus Dr. Sieveking, in his book, says—"The fit occasionally proves fatal by the exhaustion of nervous power, or by the interruption of the respiratory process; but more frequently death results from the supervention of other diseases, or from the complications with which epilepsy is associated. The frequency of death from epilepsy bears no proportion, it appears to me, to the frequency and the importance of the disease itself; ..... *of the immediate cause of death in epilepsy we have no data.*"

Now asylum experience furnishes some facts of importance in elucidation of this question, and I will endeavour to point out, as concisely as possible, their bearing. Excluding, then, cases in which the fits are known to be secondary to other disease, the causes of death may be classed under the following categories:—

1. Those arising from the long-continued effects of the disease on the body;
2. Deaths after a rapid succession of fits;
3. Sudden deaths in a fit;
4. Accidents due to fits.

1. Under the first head I would include what is properly expressed by the term "the decay of epilepsy"—i.e., the condition patients reach who have had fits for years, and, after becoming demented, gradually lose the use of their limbs, and die out, wasted and exhausted, without the supervention of any structural disease. These cases are always to be found in the wards of a public asylum, and in these are often discovered at the post-mortem inequalities and defects of the brain—abnormalities only indirectly threatening life.

2. Some epileptics die after a series of fits lasting through two or three days, and their death may be ascribed to "epileptic coma," that being the final stage.

3. Deaths *in* a fit are more rare, and require the most consideration. The following are some of the causes:—(1) Asphyxia from the violence of the spasm, and consequent venous congestion. (2) Sudden loss of nervous power, due, probably, to the state of the heart or its nerves, and not occurring in young persons. (3) Suffocation: which may arise from (*a*) the face being buried in the pillow (or any soft material—mud, for instance) by the patient turning over in a fit; (*b*) from the impaction of food in the larynx or œsophagus; (*c*) from regurgitation of liquids from the stomach into the lungs, or the flooding of the lungs with blood from a vessel giving way during a fit, as happened to a phthisical man with a vomica.

4. Accidents may include a great variety of modes of death, but I only refer to those directly connected with the fit, such as when a patient falls in a fit and fractures his skull, or receives other injuries from which he dies; or when such an incident occurs as the following, recorded at the Notts Asylum: "An epileptic patient was found early in the morning dead, with his head on the floor and his legs on the bed, twisted among the bedclothes, which retained him in this unfavourable position. On inquiry, it appeared that he had been seized with a fit, had rolled thus partially out of bed, and expired."

I have condensed these observations as much as possible, wishing merely to point out some of the ascertained causes of death; but I am prepared to illustrate each of the classifications I have made by cases occurring within my own experience or recorded by others. Some of the instances are curious accidents, and in most the true cause of death could hardly be properly determined without a post-mortem examination. Of the causes enumerated, that of suffocation in bed is far from uncommon in asylums (five cases having occurred in a large asylum in one year); but this does not seem to be recognised as such in the outer world. I hope to enter more fully on the whole subject at a future time, but I think I have even now furnished some of those "data" said to be wanting; and, moreover, that if practitioners would adopt some such system in recording deaths from epilepsy we should not have to lament such a meaningless blank as the word now represents in lists of mortality.

Fulbourn, near Cambridge, April, 1868.

EXPERIMENTS WITH THE POISON OF THE COBRA DI CAPELLA.

BY JOHN SHORTT, M.D., F.L.S., M.R.C.P.L., &c.,
SUPERINTENDENT-GENERAL OF VACCINE, MADRAS PRESIDENCY.

THE venom of the cobra is contained in two sacs or pouches, one on each side of the upper jaw of the reptile, and a movable tooth or fang is connected with each pouch. The fang is curved, grooved along its convex surface, and with an opening at the free extremity, which terminates in a sharp point. The fangs are very strong, and the average thickness of each is from one-twelfth to one-sixteenth of an inch. In the natural state the fangs lie horizontally; but when the animal is excited the cobra raises its head, expands its hood, and the fangs become erect, or nearly so, ready for action. Frequently in this attitude it may strike at an enemy, and wound, so as to draw blood, without injecting any poison. To effect this it darts its head straight forward, seizes some part between its jaws, and, thus grasping it, the poison is ejected into the wound, contaminating its whole extent from top to bottom, which is done by the poison escaping from an opening at the base of the convex surface of the fang, and descending along the upper surface of the groove, as well as through it in the opening at the apex; the poison passing through the former channel contaminating the upper side, and that coming through the latter the bottom of the wound.

Having inflicted the wound and ejected the poison, the cobra immediately, and as if instinctively aware of having done its work, loosens its grasp, and, to extricate the curvature of the fangs, turns its head slightly to one side, and thus, without injury to them, withdraws both. The venom is caused to exude by the compression of a powerful pair of muscles, one on either side of the jaw.

The moment the venom is injected by the cobra into a wound, sharp pain appears to be caused in the part, as evidenced by the subjects of experiments beginning to wince and howl, and becoming lame almost immediately if any of the extremities are wounded. The poison seems to be immediately taken up by the venous radicles and carried into the circulation; and, according to the size and vigour of the animal, the size and activity of the cobra, as well as the concentrated state in which the poison-secretion may be in the sacs, death is the result in from five minutes to twelve hours.

The following experiments bear upon this.

Experiment No. I.

March 11th, 1867.—A full-grown pariah dog was bitten by a large cobra, measuring five feet in length, at 11.45 A.M., on the inner part of the left thigh. Two blood points became visible, indicating the situation of the wound, and the dog immediately drew up the leg and walked lame. The animal frequently looked at the wounded part, and was inclined to lick the part with its tongue. Convulsions set in at 11.58, it micturated, the tongue protruded from the mouth, and the animal quietly expired at 1.3 P.M. Death in 1 h. 18 min.

Sectio cadaveris, two hours after death.—Head carefully opened. There was congestion of the veins, which contained dark, jelly-like blood; and the several sinuses were distended with blood of a similar kind. A trace of effusion of serum was evidenced by thickening of the pia mater from serous exudation. Brain of natural form and consistence. The puncta vasculosa were dark-coloured. The lateral ventricles contained about two drachms of serum of a slightly reddish tinge.—Spinal column: On opening this canal the vertebral veins were at once seen to be distended and of a dark-blue colour. On opening these they were found filled with the same dark, jelly-like blood. There was some slight congestion, and indications of slight serous exudation within the membranes. The spinal cord itself was normal.—Thorax: The lungs filled the cavity of the thorax, and were not congested except at the base, which looked somewhat florid. The right cavities of the heart con-

tained a soft, black, jelly-like coagulum; the left were empty. —Abdomen: Liver dark-coloured, hyperæmic, with watery exudation on the surface, and with a tendency to friability in its structure. Kidneys normal. Bladder contracted and empty. On examining the wound, no swelling of the adjacent parts was observed, but a slight greenish tinge in the skin, which, on being cut into, exhibited a livid discoloration to the extent of about two inches around the wound; and some watery effusion also existed.

No. 2.

March 11th.—A vigorous cobra, of full size, was made to bite the left leg of a good-sized, well-conditioned pullet, at 11.54 A.M. In 20 sec. it began to flap its wings; in 25 sec. it was tumbling head over heels; and in 30 sec. it was dead.

A post-mortem examination, made immediately after, found the blood slightly discoloured and fluid; liver full and congested; and all the abdominal vessels congested.*

No. 3.

A large powerful pariah dog was bitten by the same cobra at 12.19 P.M., at the same place and on the same date as No. 1. The left thigh was bitten, and only one blood-point was visible at the wounded part. The animal continued apparently well till 4 P.M., when the head began to droop, the pupils acting irregularly.

4.30.—The fore extremities paralysed; foam issuing from the mouth; tongue protruding; much jactitation. Passed urine and fæces together, and apparently involuntarily.

5 P.M.—Extremities completely paralysed. Animal top-heavy, and falling forward when raised; head hanging low; wags his tail, and when called responds by a look of recognition. Respiration hurried; heart's action somewhat irregular.

5.30.—Gradually growing duller. Respiration laborious; heart's action feeble. Throws himself about; is unable to use his legs or stand on them.

5.45.—Breathing slowly and laboriously, with a whiffling sound; the expired air escaping at the corners of the mouth by filling out the lips at that part.

6 P.M.—Dead. Death in 5 h. 51 min.

No. 4.

Oct. 30th, 1867.—Dog bitten in the left thigh by a large cobra at 1 P.M. In 10 min. the belly was puffy; dog lame. 15 min.: Defecated; vomited; frothing at the mouth; moaning. 18 min.: Tongue hanging. 20 min.: Breathing laborious; purged; pupils dilated; eyes glassy. 22 min.: Convulsed. 23 min.: Dead; death in 23 minutes.

No. 5.

Oct. 30th.—1.10 P.M.: Dog bitten in the right thigh by a large cobra. 1.15: Dog lame. 1.23: Defecated; urinated. 1.27: Convulsed; tongue hanging; frothing at the mouth; eyes glassy. 1.30: Dead; death in 20 minutes.

No. 6.

Oct. 31st.—7.43 A.M.: Dog bitten in the right thigh by a large cobra. 7.51: Dog drowsy; listless. 7.53: Convulsed; pupils dilated. 8.15: Severe convulsions; frothing at the mouth; tongue hanging. 8.25: Dead; death in 42 minutes.

No. 7.

Nov. 1st, 1867.—Dog bitten by a cobra at 3 P.M. The dog screamed with pain, and was lame immediately. 3.10: Twitching of the angles of the mouth; tremulous motion of the lips; general tremor; pupils contracted. 3.20: Squeamish. 3.25: Vomited much; restless; saliva gummy and hanging from the lips in large quantities. 3.30: Drowsy; tongue hanging. 3.34: Pupils dilated. 3.38: Convulsed. 3.45: Insensible. 3.50: Dead; death in 50 minutes.

No. 8.

Nov. 2nd, 1867.—1.40 P.M.: Dog bitten by a cobra. 1.42: Lame; uncomfortable. 1.53: Drowsy. 1.58: Convulsed; tongue hanging; pupils contracted. 2.2: Eyes glassy, pupils dilated. 2.5: Dead; death in 25 min.

No. 9.

Nov. 2nd.—1.45 P.M.: Dog bitten. 1.50: Dog lame. 2 P.M.: Convulsed; pupils dilated. 2.5: Dead; death in 20 min.

No. 10.

Nov. 4th, 1867.—1.40 P.M.: Dog bitten by cobra. 1.47: Vomited. 1.55: Lame; drowsy. 2 P.M.: Thick saliva from mouth. 2.5: Giddy; tongue hanging. 2.10: Convulsed; pupils dilated. 2.15: Dead; death in 35 min.

No. 11.

Nov. 4th.—Dog bitten by cobra at 1.45 P.M. 2.20: Drowsy. 2.25: Convulsed; pupils dilated. 2.40: Dead; death in 55 min.

No. 12.

Nov. 5th.—A six months' puppy bitten by a cobra at 2.55 P.M. 3.10: Convulsed and died; death in 15 min.

No. 13.

Nov. 6th.—2.25 P.M.: Dog bitten in left thigh. 2.29: Dog very noisy; yelling; lame. 2.40: Convulsed; pupils dilated. 2.45: Dead; death in 20 min.

No. 14.

Nov. 8th.—1.35 P.M.: Dog bitten in left thigh. 2.15: Breathing hurried. 2.25: Giddy and drowsy. 2.46: Convulsed; pupils dilated. 3 P.M.: Dead; death in 1 h. 25 min.

No. 15.

Nov. 8th.—2 P.M.: Dog bitten. 2.20: Vomited. 2.30: Drowsy; convulsed; pupils dilated. 2.35: Dead; death in 35 min.

(To be concluded.)

* I only give the post-mortem examinations of two of the animals experimented on; a large number were examined, but the appearances were invariably so alike that it would be only a repetition of the subject.

CASE OF INJURY TO THE ANKLE-JOINT.

By JOHN COATS, M.D., F.F.P.S.G.

MRS. H——, twenty-seven, while driving with her husband on the afternoon of the 12th of October, 1867, was thrown with great force from a dog-cart, and sustained a severe injury of the left ankle-joint. The accident occurred about six miles from Glasgow, shortly before six o'clock.

The patient was seen by a medical man about half an hour after the accident, who secured two bleeding vessels by torsion, and bound up the wound with dry lint. The lady was brought into town by a late train, and I was called to visit her about 11 P.M.

On removing the dressings a large wound was found, extending for about two inches across the ankle-joint, from its anterior aspect to a point rather behind and below the external malleolus. The edges of the wound at its widest part were separated to the extent of at least an inch. The lower end of the fibula projected through the wound, the external lateral ligament being torn across, and the cavity of the joint freely exposed.

It occurred to me, from the reports of the extraordinary results obtained in our Infirmary by the use of carbolic acid in serious injuries, that this was a suitable case to give it a trial. The materials, however, not being at hand, a piece of water-dressing was temporarily applied to the wound.

About one o'clock next day the wound was dressed with carbolic acid, by one of Professor Lister's dressers, in the way he was in the habit of using it in the hospital. The mode of procedure was as follows:—The clotted blood having been wiped from the wound, a solution of one part of carbolic acid to four of linseed oil was poured over the wound, and into the cavity of the joint, the foot being moved so as to allow of the passage of the oil into its interstices. A piece of lint wrung out of the same solution, and held in dressing forceps, was used to remove the superfluous oil. A piece of thin calico, dipped in the 1 to 4 oil, was then placed over the wound, overlapping its edges for two inches on all sides, and over this was laid a layer of the paste, prepared from oil of the same strength, between two folds of calico, in the manner recommended by Mr. Lister. Above all was placed a piece of sheet tin, moulded to the foot, ankle, and lower part of the leg, the whole being secured by a bandage. The limb was placed on its internal aspect on a pillow. In this attitude the natural position of the foot was maintained.

The patient complained of smarting at the first application

of the acid, but this quickly subsided, and by the time the dressing was completed she was almost free from pain, whereas she had previously been suffering considerably.

Next day the wound was dressed by renewing the layer of paste, the piece of calico next the wound being left undisturbed. A considerable quantity of sanious discharge was found on the calico, on the under surface of the paste, and soaking the surface of the pillow on which the limb lay. The pulse was normal, and patient suffered no pain.

The wound was dressed daily in the manner described, the discharge becoming less and less, till on the tenth day it became purulent, but in very small quantity, and odourless. Still no pain. The paste was changed to 1 to 10.

On Nov. 3rd, the twenty-second day after the accident, the whole dressings were removed, when a granulating sore was found, the size of the original wound, but with a small opening in its centre leading down to the external malleolus, which was visible at its bottom.

The antiseptic dressing was reapplied for ten days more, when the exposed bone was completely covered in, and water-dressing was then adopted.

The wound was completely skinned over on 12th December, exactly two months from the receipt of the injury.

Jan. 27th, 1868.—The cicatrix continues sound and well. The patient is timid, and afraid to use much freedom with the limb, but is able to bear her own weight. Her general health is excellent; in fact, she is quite well.

Glasgow, April, 1868.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

A CASE OF ACUTE RHEUMATISM COMPLICATED WITH DELIRIUM TREMENS; RECOVERY.

(Under the care of Dr. RAMSKILL.)

ON a recent visit to this hospital we saw the case to which brief reference is here made. It seemed to us worth noting, because, in a prognostic point of view, the explanation of the occurrence of delirium in the course of rheumatic fever is important. The utility of the thermometer was well shown in this case. It will be seen by reference to the subjoined table that the temperature never rose to any great height during the continuance of the delirium on the 4th and 5th of March. This moderation in temperature was of itself sufficient to show that the case was not one of those in which the occurrence of delirium is the rapid precursor of death, for in these there is uniformly a very sudden and remarkable rise in temperature, the thermometer often reaching 107°, 108°, or even 109°. The subject, it will be remembered, was lately discussed in the Clinical Society of London, and cases were brought forward by several members in which a sudden rise of temperature and the occurrence of delirium were followed by death in the course of a few hours. In the present instance the intellectual disturbance was doubtless due to alcoholism.

Mr. George Mackenzie, the resident medical officer, kindly supplied us with some details of the case and the thermometrical observations.

The patient was a sailor aged forty, and was admitted on the 3rd of March, 1868. For a few weeks previous to admission he had been feeling "queer and out of sorts," and for the last ten days had had pain in the left foot and ankle, with feverish symptoms and sweating.

On admission this was his state: Lies on his back; face dusky; lips bluish and rather tremulous; manner fidgety; tongue tremulous and rather dry; no appetite; is very thirsty; right hand swollen and red, and rather painful; left knee swollen.

During the night he wandered a good deal and passed his urine in the bed. He talked incessantly, and was under the impression that he lay upon "a bed of salt, with a bed of salt above him." He chattered a good deal about his occupation, spoke of "seeing a sailor go over the side," &c. Without being able to obtain any history of the case, the question to be decided was as to the nature of this delirium: was it symptomatic of rheumatic meningitis or of delirium tremens? For two days and a night this delirium continued. From his admission on the 3rd till the evening of the 6th he did not sleep, although taking a quarter of a grain of morphia every four hours, which was commenced on the 4th. He had milk, beef-tea, and four ounces of brandy.

During the night of the 6th and the greater part of the 7th he slept and snored loudly. On waking he was quite sensible; the delirium did not again return. His skin was hot and sweating, and all the characteristics of acute rheumatism were well marked. Dr. Ramskill ordered him on the 7th fifteen-grain doses of bicarbonate of potash three times daily, and this was afterwards continued.

We saw him on March 18th. He was then in a fair way towards recovery. Heart-sounds were rather feeble; second sound somewhat accentuated at base. It seems that he had landed in England from a voyage on Dec. 9th, and since that time he had been drinking a good deal, chiefly porter and stout, consuming perhaps eight or ten pints daily, with a little spirit, gin or brandy-and-water, at night.

The following table shows the progress of the case:—

	Temperature.	Pulse.	Respirations.
March 3rd, evening ...	101·2° ...	100 ...	28
4th, morning ...	100·2 ...	112 ...	28
evening ...	100 ...	124 ...	28
5th, morning ...	101·5 ...	112 ...	28
evening ...	103 ...	120 ...	24
6th, morning ...	102 ...	112 ...	28
evening ...	103·4 ...	128 ...	28
7th, morning ...	101·3 ...	104 ...	28
evening ...	102 ...	112 ...	32
8th, morning ...	101·4 ...	108 ...	28
9th, morning ...	101·6 ...	112 ...	28
evening ...	101·6 ...	112 ...	32
10th, morning ...	101·8 ...	104 ...	32
evening ...	101 ...	112 ...	28
11th, morning ...	102·2 ...	120 ...	28
evening ...	101 ...	120 ...	28
12th, morning ...	100·6 ...	116 ...	24
evening ...	101 ...	116 ...	36
These figures were almost repeated daily till the			
17th, morning ...	100·6 ...	108 ...	24
evening ...	100·5 ...	112 ...	24

GUY'S HOSPITAL.

A CASE OF LEPRA ANÆSTHETICA (?)

(Under the care of Dr. WILKS.)

THE curious case which is described very briefly below was quite lately in the above hospital, where we saw her frequently. Some details of her case we have extracted from the history taken by Mr. F. Taylor, ward clerk. Neither Dr. Wilks nor Mr. Bryant has come, we believe, to any very decided opinion as to the nature of the malady; but they incline to regard it as more nearly allied to lepra anæsthetica than to anything else.

The patient is a woman, Eliza A——, aged thirty-five, married, with seven children, and has never lived abroad. Four years ago, after a severe cold, she felt numbness of the fingers, with such weakness that she dropped things, and this was worst in the right hand. Cold caused blueness of the skin and pain; warmth then produced "pins and needles." During the past year two of her nails have dropped off, and there is now one coming away. In January the pain in her fingers got so bad that she applied at Guy's as an out-patient, under Mr. Bryant, by whom she was sent into the hospital on March 11th. For a month past one of her toes has been numb and painful. On the right hand, the thumb and little finger are sound, but the former is bluish. The nails of the middle and ring fingers are compressed laterally, the finger pulps being contracted under them. The skin of the ungual pha-

langes is tense and pink. The last two joints of the forefinger are inflamed, with pus coming from under the nail, which looks white and dead. She has lost two nails since she was admitted; a fresh nail has hitherto replaced those shed. The fingers now are painful when touched. Some weeks ago, she told us, they were numb. There are occasional shooting pains extending up to the elbows. The skin of the face is dark and brawny. It is not easily pinched up. She says that under excitement her lips and tongue feel stiff. The second cardiac sound is a little prolonged.

On April 11th she left the hospital, and now attends as an out-patient under Mr. Bryant.

Perhaps Mr. Bryant would show her to the Clinical Society?

Provincial Hospital Reports.

NOTTINGHAM & MIDLAND EYE INFIRMARY.

A CASE OF GLAUCOMA IN WHICH IRIDECTOMY WAS PERFORMED; WITH CLINICAL REMARKS.

(Under the care of Dr. TAYLOR.)

MRS. T——, aged twenty-two, a stout, strong young woman, but pallid and haggard from excess of pain and loss of rest, came under Dr. Taylor's care on Feb. 15th, 1867. At that time she was so blind that she could not distinguish the glare of a strong lamp, night from day, or the situation of the windows in an apartment. She stated that three days ago she could see the glimmer of a fire; but in all other respects she had been in the above condition a fortnight.

Left eye.—Two years ago she was attacked with sudden pain of most intense character in this eye and brow, accompanied by severe constitutional disturbance, vomiting, and complete blindness, which last has continued. She was confined to bed for a week, describes the pain as agonising, and it was some months before she was able to resume her household work. This eye is now (Feb. 15th) of stony hardness (T 3); the iris is dilated, puckered, discoloured, and insensible to light; the cornea slightly hazy, conjunctiva traversed by tortuous varicose veins, and the media opaque: so that it is impossible to light up the fundus oculi.

Right eye.—A fortnight ago she was attacked in a similar manner in this eye. She had first most severe sympathetic ciliary neuralgia, accompanied by incessant vomiting (which lasted two days), great prostration, general constitutional disturbance, and sudden blindness. For these symptoms she was leeched, blistered, and mercurialised by her medical attendants, without benefit. This eye is also of stony hardness (T 3); the iris is dilated, puckered, discoloured, and insensible to light; the aqueous muddy, and the vitreous opaque.

As she had been blind a fortnight, and had lost even perception of light for some time, the case was not an encouraging one. Under a promise, however, of a chance of sight and a certainty of relief from pain, she consented to submit to operation, and Dr. Taylor accordingly excised at once a large segment of the upper portion of the iris in both eyes. She obtained immediate relief from the neuralgic pains which had for many nights deprived her of rest, experienced but little uneasiness as a result of the operation, and was discharged in a week. From this time she progressed steadily. The right eye improved beyond all expectation: tension was relieved, the iris resumed its natural colour, and the media cleared so that the optic disc and retinal vessels could be lighted up perfectly, and sight also gradually returned. Each week improvement was noticed. Objects first observed as shadows became defined; and when last seen, in July, 1867, she could read diamond type with a weak convex glass, newspaper and manuscript without any glass, and had most excellent distant vision. The left eye lost to a great extent its stony hardness, and assumed a comparatively healthy appearance; but there was no restoration of vision in this eye, nor did the media clear sufficiently to permit illumination of the fundus.

The following are Dr. Taylor's remarks upon the case:—

"Glaucoma is a disease consisting essentially of a loss of balance between secretion and absorption, in which the natural fluids are in excess of the normal quantity, and, being confined in the comparatively unyielding sclerotic case, exert injurious pressure upon the optic disc and retina. Hardness, haziness, and dilated pupil are said to be the three characteristics of glaucoma; but the first only is the essential feature, and there are many cases in which the two last are wanting, although vision is impaired to an extent sufficient to necessitate iridectomy. Failing sight, more or less intermittent in its character, vague neuralgic pains, and a gorged condition of the anterior ciliary and muscular veins, are signs premonitory of glaucoma. Cupping of the optic disc, spontaneous or readily induced pulsation of the retinal artery, and progressive limitation of the lateral field of vision, are symptoms which should at once excite our serious attention, and, failing speedy relief by milder measures, demand iridectomy. The baneful influence of a sudden increase of intra-ocular tension, and the alarming constitutional disturbance to which it gives rise, were well illustrated by this case; and the fact that most excellent vision was restored by iridectomy, although when she applied to me perception of light was abolished, is another feature worthy of remark. This last symptom had probably not existed many hours, but I was careful to establish the fact that she could not distinguish the glare of the lamp which is used for ophthalmoscopic examinations. The case throughout was a typical example of acute glaucoma; and the futility of all ordinary measures short of operation is well shown by the complete blindness which followed a similar attack in the left eye of the same patient, treated by routine remedies, two years ago. Without dwelling upon the characteristic features of the other forms of inflammatory, consecutive, and chronic glaucoma, or of those obstinate cases of recurrent iritis which, usually complicated by implication of the choroid and adhesions, end in occlusion of the pupil and more or less opacity of the lens, I would only say that increased tension is the marked feature in all these cases, and that the only remedy is iridectomy. Nor is this so formidable an operation as many have supposed. Most of my patients operated upon under the influence of chloroform have experienced little or no pain on recovery, and a few days' rest has been all the inconvenience occasioned. If the iris is carefully excised directly upwards, the coloboma in the majority of patients is concealed by the upper lid; and there is, consequently, no dazzling or cosmetic defect. The *modus operandi* of iridectomy in relieving glaucoma has not been satisfactorily explained; but there is little doubt that it relieves tension by evacuating a considerable portion of the contents of the globe, setting free diffuse inflammatory products (when such exist), and, by draining the engorged vessels of the choroid, relieves the retina of pressure from behind. It is difficult to say at what period of the diseases characterised by heightened globe-tension we must cease to expect any benefit from iridectomy; but the remarkable improvement of the cornea and iris, and the marked diminution of uneasiness and tension which followed the operation in the left eye of the patient, although sight had been completely abolished upwards of two years, would encourage me to operate upon even advanced cases. No harm can be done, and we have high authority for such interference, both Von Graefe and Donders asserting that they have permanently relieved cases which had been progressing from one to three years."

DUNDEE ROYAL INFIRMARY.

SUICIDAL CUT-THROAT; COMPLETE DIVISION OF THE LARYNX ABOVE THE POMUM ADAMI; PERFECT RECOVERY.

(*Reported by* Dr. A. M. ANDERSON.)

MRS. D——, aged forty, of Overgate, was brought into the Dundee Royal Infirmary on May 31st, at two o'clock, by the police, who stated that she was found under a bed with her throat cut, and that this was her own act.

When admitted, she was almost pulseless, very pale, and cold. A large pocket-handkerchief was stuck into the gash in her throat, which checked the bleeding and enabled her to breathe. On withdrawing this, the larynx was found to be cut completely through. The wound was about three inches transversely, a little above the pomum Adami, and seemed to have been cut from left to right. None of the large vessels were touched.

As Dr. Greig, the visiting surgeon, was otherwise engaged, Dr. Anderson resolved to stitch the wound, and then to introduce a tracheotomy tube below it. Whilst he was passing the first stitch by means of an aneurism needle, the respiration stopped, and the pulse became imperceptible. Dr. W. L. White, who was assisting, at once applied the handkerchief to the wound, and Dr. Anderson set up artificial respiration by

standing at the head of the bed and alternately raising and depressing the arms. This was kept up for eleven minutes without effect, and she was on the point of being given up as dead, when she made a sudden inspiration. The process was therefore persevered in, and in half an hour she was so much better that another stitch was able to be passed into the trachea. An incision was then made into the trachea below the pomum Adami, and a double tracheotomy tube introduced. The gash in the throat was then stitched, and the patient breathed easily through the tube. In the evening, the respirations were 20 per minute, pulse 120 and regular, and the patient able to swallow beef-tea and milk readily.

A few extracts from the daily notes in the journal will show the progress of the case.

June 1st.—Rested pretty well all night; swallows easily; respiration quiet; pulse 116; severe headache. She was removed into a private ward, the temperature of which was constantly kept at 67° by means of steam.

3rd.—Pulse 108.

On the 4th the wound began to discharge pus; and on the 5th the pulse was so weak, and tending to become dicrotous, that four ounces of whisky were ordered.

7th.—Two of the superficial stitches have given way, the action of the muscles of the neck making them tear through the lower edge of the wound. The respiration takes place partly through the tube and partly through the wound. Re-stitched the wound, taking a large fold of skin on each side; and raised the head with pillows, so as to depress the chin. —Evening: Pulse weak and somewhat irregular; patient very restless. Omit the whisky, and give four ounces of brandy, with eight ounces of wine.

14th.—Removed one of the stitches in the trachea, and strapped the wound with plaster so as to keep its edges in contact. Breathing easily through the tube.

22nd.—Patient could breathe readily through the mouth. The tubes were removed, and not replaced, the wound being strapped with plaster, so that no respiration could take place except through the mouth and nostrils.

23rd.—Tube wound closing up fast; respiration easy; voice unimpaired.

27th.—Patient quite well, walking about the house, and intends leaving to-morrow.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 14TH, 1868.

MR. SAMUEL SOLLY, F.R.S., PRESIDENT.

A CASE OF DOUBLE AXILLARY ANEURISM SUCCESSFULLY TREATED BY THE LIGATURE OF BOTH SUBCLAVIAN ARTERIES.

UNDER THE CARE OF

R. J. FURNER, F.R.C.S.,

SURGEON TO THE SUSSEX COUNTY HOSPITAL.

(*Communicated by* SIR WM. FERGUSSON.)

JOHN P——, aged thirty, a labourer on the Brighton Railway, accustomed to very laborious occupation, was admitted into the Sussex County Hospital on October 22nd, 1866, under the care of Mr. Furner, with a large aneurism of the right axillary artery. The tumour measured seven inches in length by five inches in breadth, the clavicle being greatly pushed up by the size of the aneurism. Mr. Furner tied the subclavian artery in the third part of its course, in the usual manner, and also a large artery, the transversalis colli, which had an abnormal origin, arising direct from the subclavian artery. No unfavourable symptom occurred for the first twelve weeks after the operation (the ligature from the transversalis colli came away on the fourteenth day, that from the subclavian on the twenty-fourth day), when suppuration of the sac took place, and upon a free incision being made through the pectoral muscle, a discharge of about eighteen ounces of most offensive matter and broken-up coagula took place. From this time the patient continued daily to improve, and he left the hospital cured on March 20th, since which time he has enjoyed good health, and has been able to resume his usual laborious occupation.

In June, 1863, Mr. Furner tied the left subclavian artery in the same patient, for an axillary aneurism. The same irregularity of distribution of the transversalis colli occurred, and was tied. The case was published in the *Medical Times and Gazette* of October 24th, 1863. Chloroform was not used in either case. The principal interest in this case consists in the fact that it is the only one recorded where both subclavian arteries have been tied in the same patient.

After a few remarks from the PRESIDENT on the desirability of early operation,

Mr. J. WOOD thought that the great merits of the paper were its interest and its brevity. He believed that the ligature of the jugular vein gave rise to some of the subsequent bad effects, and it was treated in the paper almost as a matter of course. He held that it gave rise to a double danger. From the position of some of the sinuses he should think that they were owing to the tying of the jugular. It was often difficult to avoid interfering with the vein, and then it was better to ligature it than to cut it. He also thought that the subclavian in the second part of its course gave off a large branch, generally the posterior scapular, sometimes along with the superior scapular, and the two together might be mistaken for the main artery. The practice of tying this was good. If the subclavian were tied without reference to the existence of this branch, the collateral circulation might be too soon set up, and pulsation in the tumour return. It should always be looked for, as it existed in about one half of the cases, and, if found, should be tied.

Mr. H. LEE thought, on the other hand, that tying the jugular was a bold and judicious proceeding, seeing that the aneurism lay so deep. The vein, by pulling about, must have been inflamed, and the blood would have been contaminated.

Mr. COOPER FORSTER thought that we were always too much afraid of tying a vein. He was of opinion that it was better to tie the jugular than to pull it about. A bad case had come into Guy's that morning; a femoral aneurism had ruptured, and a ligature would have saved the patient. He had recently read a similar case before the Clinical Society. The great rules were, in cases of ruptured femoral to cut down and tie; of popliteal, to amputate.

Mr. BIRKETT remarked that many of his cases went against the notion that one aneurism was necessarily followed by another, as some patients he knew had been at their work for ten or fifteen years with no return. As to ligaturing veins, he approved of it in this case, but not generally. In one case, where a tumour was removed from the neck with considerable difficulty, the veins were much pulled about, but no bad results followed.

Mr. J. WOOD explained that his views were to avoid interfering with the vein if possible, as in this incision it ordinarily lay towards one extremity of the wound, and was easily avoided. If it was fairly in the way, the lesser difficulty was to cut.

Mr. C. H. MOORE had seen the subclavian tied by a curved incision with the convexity downwards. He thought it a good plan. He also thought that Syme's plan of scooping out the contents of the sac was the best in such cases.

Mr. BLAKER, on behalf of Mr. Furner, explained that the jugular was tied in both instances; in the first because the tumour could not be got at without doing so, in the second on account of his former experience.

ON AN EPIDEMIC TYPH FEVER IN TRINIDAD.

BY R. H. BAKEWELL, M.D.,

PRESIDENT OF THE MEDICAL BOARD OF TRINIDAD; VISITING PHYSICIAN TO THE LEPER ASYLUM, TRINIDAD.

The author stated that during the year 1867 an epidemic of fever had occurred in Port of Spain, Trinidad, which differed in many respects from any other fever which in the experience of the oldest medical practitioners had ever before visited the island, but which in all essential points was the typh fever of Europe.

Port of Spain is a badly built, ill-drained or undrained, overcrowded town, containing upwards of 18,000, for the most part persons of the very dirtiest habits, many of them living very poorly, and all, except the educated classes, firmly convinced that night air is deadly, and therefore closing every nook and cranny in their houses at night.

Among this population a fever appeared, which for the first few days was in almost all cases distinctly intermittent, or remittent, which then became continued, and which gradually subsided into an intermittent again. With the ordinary symptoms of fever there was in nearly every case at the commencement vomiting of bile or worms, sometimes of both. In a few cases there was also a diarrhœa of pure bile. As the

fever became continued one of two sets of symptoms occurred; either there was tenderness in the right iliac fossa, gurgling, and general abdominal uneasiness, mostly with the usual pea-soup diarrhœa, or the head was attacked, and the bowels were constipated, sometimes obstinately so. In some cases the delirium and insomnia were very severe. The delirium was occasionally maniacal, and in two cases took the form of a resolute refusal of all food and medicine with clenched teeth. In the other, the so-called typhoid cases, the diarrhœa was often very severe. In nearly every case lumbrici were passed, often abundantly. No rash could be distinguished in the majority of cases on account of the colour of the patients, but in no case was a true lenticular rose-coloured spot seen. In a few cases there were the small purple spots of typhus. In one fatal case in which these were seen there were no abdominal symptoms or lesion; in the same house there were three cases of typhoid. Ulceration of Peyer's patches, &c., was found after death.

The author stated that, having for several years adopted Dr. King Chambers' plan of treatment for fever in England, he determined to adopt it in the West Indies, and give it a fair trial. Out of 103 cases, of which a table was given by Dr. Bakewell, 90 were treated by Dr. Chambers' plan, modified slightly to meet the exigencies of the climate. Of these 90 only 3 died, and one of the three was under treatment only two days, having been under the care of another practitioner. The remaining 13 were, for various reasons fully given in the paper, not treated by Dr. Chambers' plan. Several of them were *in extremis* when first seen; one refused all medicine; two were attended before the disease was accurately diagnosed.

The slight modifications of Dr. Chambers' treatment were that in every case of insomnia opiates were freely given. No patient, if it could be prevented, was allowed to pass two consecutive sleepless nights. Astringents were given when the diarrhœa was very severe, but not otherwise. Small doses of tincture of aconite were given to children, combined with the acid, the author having by eight or nine years' experience satisfied himself that aconite possesses a peculiar power of allaying febrile excitement in children.

The treatment was pursued under every disadvantage. Probably in not six of the cases was the beef-tea given regularly. Wine was only given, as a rule, after the fever had begun to intermit for the second time; no form of alcoholic stimulant was given at the commencement of the fever.

The paper was accompanied by a table of 103 cases with remarks, and some of the important cases were given more at length in the paper itself.

Dr. A. P. STEWART remarked that the paper would have been more satisfactory had we known something of the climatic conditions. Probably these had been the same for years. There had in this country been remarkable outbreaks after heat followed by heavy rains. The post-mortem appearances showed clearly the disease was typhoid, although intermission in convalescence was rare in this country. If so, the treatment was remarkably successful. The percentage of young people affected was against the typhoid view.

Dr. KING CHAMBERS thought the disease might have arisen from the removal of some of the worst nuisances, although there was no notice of this. He also thought that change of treatment might give rise to change of symptoms, and that many of the so-called symptoms of tropical disease might arise from calomel. The author had not distinguished between typhus and typhoid, but the treatment was good for both. Its value was shown by the fact that on the old plan his percentage mortality was about 19½ per cent., on the new about 2½ per cent.

Mr. HINTON corroborated the statement as to the number of persons in the West Indies affected with round worms. He also thought that much of the difference presented by tropical fevers was due to treatment, but certainly not the whole.

Dr. GOODFELLOW had read Dr. Chambers's paper, and thought his former mode of treatment too officious. The plan introduced was not new; he himself had employed it for twenty years.

DR. WENZEL GRUBER has published in the "Med. Jahrb.," Dec. 1867, a valuable essay "On Congenital Anorchidia in Man," wherein will be found an abstract of all the cases observed for the last 300 years. From recorded post-mortem examinations, Dr. Gruber finds twenty-nine reliable cases of congenital anorchidia; out of these there were twenty-two cases of monorchidia, and seven or eight cases of anorchidia on both sides. He adds a description of two cases of his own: one of anorchidia on one side, the other of double anorchidia.

Reviews and Notices of Books.

Ueber den Hunger-typhus und einige verwandte Krankenheits-formen. Vortrag gehalten am 9 Februar, 1868, zum besten der Typhus-kranken in Ostpreussen, von RUDOLF VIRCHOW.

ON the 9th of February last a lecture was delivered by Virchow, at Berlin, for the benefit of the East Prussians. This lecture on Hunger-typhus has just appeared in a published form, and we hasten to bring it before the notice of our readers. The pamphlet is very short; but, like the Sybiline book, only the more precious for its brevity. The aim of the essay is to discuss the causes and origin of maculated (petechial) typhus fever. This Virchow does with a breadth of treatment that seems to exhaust every science; and although certainly the quantity of written matter is small in the extreme, yet we cannot but feel as we read that the whole circle of knowledge has been explored to elucidate the opinions which he offers to us. Space will only allow us to make a few brief extracts, which we regret the more because the essay, whether regarded from a scientific or literary point of view, contains so much that is large and broad and excellent.

In the study of epidemic disease, according to Virchow, the causes are not merely to be sought in the earth on which the people live, the water they drink, the air they breathe, their social habits, their domestic life, their habitations, and their employments. The physician must take a wider range of view.

"For my part, at all events," he exclaims eloquently, "I hold that the investigation of the connexion between epidemics and the universal occurrences of heaven and earth is not only admissible, but even necessary. I look upon it as by no means unimportant, that just at present, when hunger-typhus approaches, the greater number of those portents of nature described in earlier years of epidemics have reappeared with an unusual and unmistakable severity. But in the whole matter nothing seems to me to be more remarkable than this other fact, that not unfrequently, synchronously with these phenomena, failure of the crops and famine exist in entirely different regions of the earth. In the year 1770, when hunger-typhus appeared in North Germany, a frightful famine, in consequence of the failure of the rice-crop, appeared also in East India..... And whilst the failure of the crops in the northern lands of Europe was the result of persistent wet and cold, in East India they were killed by persistent heat and drought.....Let us remember this time also, that the series of bad, cold, wet years which have brought us want and illness is also accompanied by a terrible famine in East India.....And certainly it is remarkable that whilst in East Prussia scarcity and dearth result from wet and inundations, so, on the other hand, in the sub-tropical lands on the far banks of the Mediterranean sea, in Morocco, Algiers, and Tunis, thousands of people are now starving. The latest journals announce also in Australia a famine caused by drought..... We are already proud to read in our newspapers every morning the state of the weather in some two dozen European places, and of the crops and harvests in neighbouring countries and in North America. But this is only the beginning of what must happen. In connexion with astronomy, agriculture, commerce, and medicine, and from the diffusion of scientific posts of observation over the entire surface of the earth, as for single purposes founded and established by Alexander von Humboldt, it will be possible in future to discover at the right time the approaching danger, to avert the causes of want and disease, or if this be not entirely practicable, to mitigate, at least, their effects from the first."

The following remarks on maculated fever are peculiarly interesting, and exhibit the comprehensive view which Virchow takes of every subject:—

"The nearer one observes and examines, so much the more distinctly is it shown that maculated typhus is far more diffused than men think. Besides those great pestilences of hunger-and-war-typhus, which claim universal care, there are numerous isolated (so-called sporadic) cases which are very often mistaken because physicians themselves do not possess adequate experience of the disease. Since 1848, when

the eyes of observers in Germany were sharpened, cases of maculated typhus, either isolated or in the smallest groups, have been described in places far away from the crowd of greater epidemics. Thus in Würzburg, in 1855, there were several cases, and several were taken into the hospital at Berlin in 1863. A somewhat larger number of patients were observed in the year 1853 at Leipzig, whose original infection must be traced back to Harz and the Erz mountains. Since the beginning of the year 1867 we have had again in Berlin a slight epidemic, which is not yet entirely extinguished. At the same time, there has been a limited but severe epidemic in Pomerania, which first originated among the Chaussee workmen, but lately has become more widely diffused. In Vienna also, at present, there is maculated fever.

"In many of these little epidemics the possibility is not to be denied that infection had first taken place, and that from the dispersion of neighbours and next-door lodgers a number of cases had appeared. Investigations in this direction must in future be more closely made, and questions more sharply put. But, nevertheless, the conviction of those physicians who live in regions naturally infected with typhus cannot be contradicted—that, together with the transmission through infection, there exists also (as is received as the rule for abdominal fevers) an independent or, to speak learnedly, *spontaneous origin of maculated fever.*"

Virchow's remarks upon the supposed connexion of typhus and the potato disease, as suggested by Botkin of St. Petersburg, are well worth reading. He observes, *en passant*, that this esculent has not merely changed the agriculture of Europe, but has altered its entire social life, made it possible by its large produce for a much denser population to live in a given space of ground than could be fed with corn, and finally has almost extinguished two diseases—ergotism and scurvy, which, when wheat was the staple food of countries, were necessarily much more frequent.

He ascribes maculated typhus to three causes—want, overcrowding, and uncleanliness; and disputes Murchison's view, that petechial typhus principally arises from overcrowding, as being too narrow. We are sorry that space does not permit us to quote more, and we recommend everyone to read the pamphlet. In fine, we can say no more than that this essay of Virchow's is worthy of its author.

Transactions of the Epidemiological Society of London. Vol. II., Part II. Sessions 1864-5 and 1865-6. London: Hardwicke.

IT is much to be regretted that the Epidemiological Society should have adopted the practice of publishing their Transactions biennially instead of annually. We should imagine that such a course must be as detrimental to the interest of the Society as it certainly is to its Transactions. From the delay in the publication of this the second part of the second volume, it happens that several important papers, the value of which when first presented to the Society was very considerable, and of which an early publication was well-nigh essential to the object of the writer, have become stale. It is true that these papers have a high permanent value; but it is a praiseworthy feature of the Epidemiological Society to discuss epidemiological questions of public moment at the time when those questions have the closest reference to the public welfare, and it is a negation of this action of the Society to postpone for any greater length of time than is really necessary the publication of the papers on which the discussions are founded. Among the papers in the present volume of which the freshness of interest has been destroyed by the unfortunate length of time before they have seen the light may be mentioned, the late Dr. Babington's "Suggestions for the Limitation of Syphilis among the Civil Population;" Mr. J. Netten Radcliffe on the "Prevalence, Distribution, and Limitation of Scarlet Fever in England;" Professor Hirsch on the "Outbreak of Cerebro-Spinal Meningitis in the Province of Dantzic," and Dr. F. J. Brown on "Epidemic Cerebro-Spinal Meningitis at Rochester;" Dr. Hermann Weber on Pettenkofer's theory of the "Mode of Propagation of Cholera;" Dr. B. W. Richardson on the "Theory and Mode of Propagation of Cholera;" Dr. Dickson, R.N., on "Scurvy in the Mercantile Marine;" and Dr. J. Burdon-Sanderson on the "Cattle Plague in its Epidemiological Aspects." Since the papers on Syphilis and Scurvy were read, much has been done to remedy the defects with which they deal, and their interest is consequently now largely historical. The value of the papers on Epidemic Cerebro-spinal Meningitis and Cholera would have been much increased if they had been accessible at the time of the recent outbreaks of those affections in the British isles. The paper on Cattle Plague would have been much more welcome twelve months and more ago; and a like remark is true also of the paper on Scarlet Fever. As confirming the opinion we have expressed on the ill-advised delay in the publication of these Transactions, we would refer to the Report of the Council of the Society on Cholera Hospitals, and its memorials to the Foreign Office and Privy Council. These papers were published at the time when drawn up, and they did then very excellent service.

Apart from the above considerations, the present part of the Transactions of the Epidemiological Society is rich in material. In addition to the papers already mentioned may be noticed a report of a "Case of Delhi Boil," by Mr. F. J. Brough; and papers on "Diphtheria in Bermuda," and on "Scarlatina Rheumatica, Break-bone Fever, or Dengué," by Dr. Smart, R.N.; on "Vaccination in Tasmania," by Dr. Swarbeck Hall; on "Recent Additions to our Knowledge of Epidemics in England during the Sixteenth and Seventeenth Centuries," by Mr. J. Netten Radcliffe; on the "Epidemiology of Cape Colony and Natal in 1862–63," by Inspector-General Lawson; on the "State of Disease in Sweden in 1862 and 1863," by Dr. Wm. Daniel Moore; on "Epidemic Varioloid Varicella in Jamaica in 1863," by Dr. Izett Anderson; on an "Outbreak of Dysentery on board H.M.S. *Conqueror*," by Mr. Hadlow, R.N.; and Addresses and a Memoir of Dr. Babington, by Dr. Milroy.

Chapters on Man; with the Outlines of a Science of Comparative Psychology. By C. STANILAND WAKE, Fellow of the Anthropological Society of London. London: Trübner and Co. 1868.

IT is anything but easy to afford an adequate idea of this book in a few words, considering the subjects discussed in it are many of them of the most difficult and metaphysical kind. The author has surveyed the phenomena of mental life in animals, thinking this the only way to obtain a clue to that of man. His examination and criticism of the views put forward by Darwin, Herbert Spencer, G. H. Lewes, Huxley, and others of a similar school, strike us as being good. He gets, as it were, at a point behind that from which they start. The author writes as a thinker rather than as a recorder of his own observations.

British Social Wasps: an Introduction to their Anatomy and Physiology, Architecture, and General Natural History; with Illustrations of the different Species and their Nests. By EDWARD LATHAM ORMEROD, M.D. Caius College, Cambridge, F.R.C.P., Physician to the Sussex County Hospital. London: Longman and Co. 1868.

THIS book is exactly what it professes to be: it gives a capital description of wasps and all about them. The form and mode of construction of their nests and their social economy are well described; and they deserve to be, for their architectural powers are very wonderful, and the habits of the solitary and social divisions of the animal very interesting. Dr. Ormerod is evidently a lover of wasps, an acute observer, and an agreeable writer. The drawings of their nests from his wife's pencil are beautifully done, as well as the coloured figures of the several species; and we commend this little volume to all interested in the subject. They will find Dr. Ormerod's social wasps have been a good deal maligned, and that they are not by any means so vindictive and waspish as many of their social namesakes in human life.

THE ADMINISTRATION OF PROTOXIDE OF NITROGEN.

WE had the opportunity on Tuesday last of seeing this gas administered to several patients at St. Bartholomew's Hospital by Mr. Coleman, dental surgeon to the institution, whilst some surgical operations were performed upon them. Mr. Coleman on this occasion used a mouthpiece similar to that which he employed at the Dental Hospital during the teeth, extracting operations described in THE LANCET of April 18th, but the gas was contained in a very thick and solid india-rubber case of spherical form, which did not allow of the loss by permeation which had previously been a difficulty.

The first case operated upon was a girl, sixteen years old, a patient of Mr. Savory's in the Magdalen ward, from whom the house-surgeon snipped away several mucous tubercles about the anus and vagina. The case was a good one to test the anæsthetic property of the agent, for it is well known that the rectum, anus, and parts adjacent lose their sensibility very late in the course of narcosis. In the report of the Committee on Chloroform appointed by the Royal Medical and Chirurgical Society, it is noted:—"For most operations about the anus profound anæsthesia is positively demanded."* In about half a minute this patient was pronounced ready for operation, and the scissors were applied. There was a very slight shrinking as the condylomata were cut away; and as this necessitated some little time, the anæsthesia required to be prolonged. This Mr. Coleman managed to effect very successfully by retaining the tube in the mouth, now and then removing the compression of the nostrils so that the patient could respire atmospheric air. As a result, although the operation required 1 minute and 47 seconds for its completion, the patient was thoroughly unconscious throughout. At its termination, although the girl was crying hysterically, and complained very much of the pain then experienced, she allowed that the operation had not been felt.

After this four female patients were operated upon by Mr. Paget in Sitwell ward, whilst Mr. Coleman administered the protoxide. The first was a woman of twenty-one, in whom a sinus over the sacrum and coccyx was slit up by Mr. Paget. The administration occupied one minute, the operation thirty seconds. Soon after she was cut she began to scream hysterically, but there was no struggling, and the surgeon completed his task without any difficulty. The patient rapidly regained consciousness, and averred that "she knew nothing of what had happened." Whilst recovering her senses, she said repeatedly, "Hold me down!" as though she felt herself rising from the bed.

A girl five or six years old, who had a deformed little toe requiring removal was the next patient, and here the process was equally satisfactory. Owing probably to a little want of fitting in the mouthpiece, she recovered herself after the first cut, but was very rapidly rendered insensible, and the operation was concluded. In a remarkably short space of time she sat up in bed, bright, cheerful, and smiling, and declared that she "did not feel anything."

The next case was not a promising one for this particular agent. The patient was a woman of fifty-eight, who had chronic contraction of the knee-joint, following rheumatism, and the operation consisted in forcibly extending the leg. Relaxation of tissues is usually thought desirable in such a case, and under the influence of the protoxide it was not obtained. We noted, indeed, that whilst Mr. Paget applied extending force to the leg, the arm was perfectly rigid. A certain amount of extension was, however, produced, and the patient afterwards declared that she had felt no pain. A little delay occurred in bringing the woman under the influence of the protoxide, and this was eventually explained rather curiously, for it turned out that she had false teeth, which were loosened by the introduction of the tube, and interfered with the close adaptation of the lips around it. It was fortunate that this represented the amount of inconvenience, and that the artificial teeth were not dislodged into her throat. The patient expressed the greatest gratification and gratitude for her oblivion throughout the operation.

Mr. Paget then proceeded to open a suppurating Cowper's cyst, in a patient aged twenty-five, in whom the administration lasted a minute and a half, a somewhat lengthened period, owing perhaps to her having lost one of the upper incisors. She was unconscious during the operation, but afterwards she appeared much distressed. She said, "I've been a long way." When asked about feelings of pain, she did not acknowledge having felt any, but objected to the inhalation, and said "it was so nasty; I would not like no more of that pipe." She soon, however, recovered her equanimity.

We remarked that in each of these cases the blood which flowed was very dark-coloured. The lividity of features was not strongly marked, except in the patient with the false teeth, and there it was very striking. As we have remarked on previous occasions, the pulse quickened and fell in force during the exhibition of the agent. In the first case it "went out" for thirty seconds. As regards the respiration, we noted that the forced inspirations which the patients at first took, under direction of the administrator, seemed to be continued mechanically, as it were, after consciousness had been lost for a short time, and then, corresponding with the decline in the force of the pulse, the breathing became abnormally quiet. The admission of air by removing the compression of the nostrils, however, rapidly restored the natural respiration. The single india-rubber sphere which Mr. Coleman brought with him was sufficient for these five cases. The gas which it contained had been furnished by Messrs. Bell, of Oxford-street. We learn that it is proposed to force the gas into alcohol or ether, and thus it is expected that it may be provided in a form more convenient for transport. No doubt, also, it will be practicable, if desired, to compress the gas into metal vessels, so as to reduce its bulk, which at present is inconvenient. Mr. Barth tells us that in wrought-iron bottles he can safely compress the gas to the extent of giving a pressure of 400 lb. or 500 lb. on the square inch.

On Wednesday we saw Mr. Clover administer the gas, in the theatre of University College Hospital, to two women and a man, upon whom Mr. Erichsen operated for enlarged patellar bursæ, removal of last joint of big toe, and perineal fistula, respectively. The space of time during which the patients were kept more or less under the influence of the agent was seven minutes in the first case, five minutes in the second, and four minutes in the last case. Mr. Clover employed his well-known chloroform apparatus, with the addition only of a tap by which to stop at will the admission of the protoxide into the mask. The process in each case was really a succession of periods of insensibility alternating with partial recovery of consciousness. When the face had become perfectly purple, the pupils largely dilated, the conjunctiva insensitive, and the pulse nearly extinguished, Mr. Clover would remove his mask, the patient would breathe atmospheric air, and the reappearance of natural colour in the face after a few seconds became at once the sign of returning consciousness and the signal for the mask to be again applied. In the first case this application was repeated six or seven times, and in the others in like proportion. One of the women was very hysterical after the operation, and the man made more noise and struggled more violently than we had previously noticed in any case. He had great muscular rigidity, and in all the cases we have seen there has been more or less tendency towards the same condition. In none has there been muscular relaxation.

There is a very general feeling that the use of the protoxide can only be very exceptional in the operating theatres, and that it is not comparable with chloroform in many important particulars. Useful where a single tooth has to be extracted, most persons would prefer taking chloroform had they to lose three. This is a fair illustration of the impression made upon the mind by witnessing the administration of the protoxide.

* Sansom on Chloroform, p. 150.

SUBCUTANEOUS INJECTIONS OF SUBLIMATE IN SYPHILIS.—These have been proposed and practised by an Italian surgeon, who has recorded his cases in the *Annali di Medicina*, 1867. It would appear that this method has found an echo in Berlin. Dr. G. Lewin has treated 500 cases in this manner, and inserted the results in the *Charité Annalen*, 1868. The author, in many cases, combined other means with the injections. He has been pretty successful, and states that relapses have been fewer than in cases treated by the ordinary methods.

THE LANCET.

LONDON: SATURDAY, MAY 2, 1868.

THERE are only two considerations which reconcile us to the idea that such a measure as the Medical Practitioners (Colonial) Bill should have been introduced by a member of the Government to Parliament. The first is that the provisions of the Bill are so unreasonable as to be in no danger of passing, and therefore harmless. The second is that the very badness of the Bill has had the effect of directing attention to the subject of our medical relations with the colonies so strongly, that we may hope to have all reasonable claims acknowledged, and all ill-feeling removed. We have in no degree lost the sense of surprise with which we first read this Bill. The averment contained in its preamble, that it is expedient to amend the enactment in the Act of 1858—"that every person registered under this Act shall be entitled, according to his qualification, *to practise in every part of her Majesty's dominions*,"—was very disturbing. That enactment was really the principal glory of the measure of 1858. It was the death-blow to all local narrownesses and territorial restrictions. It is the Magna Charta of the rights of every practitioner in the Medical Register, giving him the range of the QUEEN'S dominions. What was our notion, then, of the statesmanship which could see something to amend in this enactment? But when the statesmanship developed itself in one short clause to this effect—"the said enactment shall be repealed,"—we were quickly relieved, concluding that if any statesman was bent on going backwards he would have the pleasure all to himself. There was only one other supposition possible—that somehow or other, in the intricacies of our complicated departments, the whole thing had been bungled by some one who either knew little of, or cared little for the rights of medical men. We have reason to think that this is the explanation; certainly that it was never contemplated by the Noble Duke at the head of the Colonial Office to so coldly and arbitrarily deprive British registered practitioners of their privileges, and to subject the right of colonial practice under a British diploma to the discretion of a local Legislature, as is done by the 4th clause. The Secretary of State for the Colonies, we believe, gave the deputation from the Medical Council the assurance that the objectionable clauses should be amended. This is so far satisfactory. But we are at a loss to know what of this Bill will remain when these objectionable points are amended. Indeed, we fail to see the necessity for such a Bill at all. And we shall require very clear evidence of the fact before we believe that the colonies desire such a Bill. They wish their degrees and diplomas to be recognised. And they are perfectly reasonable in wishing this. It is no sufficient answer to make to them that men who have acted irregularly and immorally may come over here and be put on our Register after erasure from the colonial Register. This argument cuts two ways, and tells against the colonies quite as much as against us. The real difficulty is to judge of the value of colonial examinations, to apply to them the tests which we apply to our own home examinations. It is for the Medical Council to overcome this difficulty, and having done so, to register the colonial degrees unconditionally. The colonies feel aggrieved by the condition of residence contained in Dr. PAGET'S motion of last year, and which we presume is retained in the Medical Acts Amendment Bill which has been prepared by the General Medical Council and submitted to the Home Secretary. We agree with them in thinking this condition vexatious and illiberal, and would urge upon the Council not to spoil the grace of their recognition of colonial degrees by this useless condition. But, meantime, it is poor revenge for the colonies to attempt to override Imperial legislation, and to become exclusive and illiberal just when Imperial exclusiveness and illiberalism are passing away. A clause in the Medical Acts Amendment Bill would, it seems to us, meet all the necessities of the case, and this Colonial Bill might with great credit be withdrawn. The profession must feel indebted to the President of the Medical Council and his colleagues for stepping in most opportunely to protest against this measure and to explain its real character. It transpired at the interview which the Colonial Secretary had with the deputations from the General Medical Council and the British Medical Association that this was not the first action the President had taken in this matter, but that, in accordance with the deliberations of the last meeting of the Executive Committee, he had treated of this important subject in a letter to the Home Office, which had never been transmitted to the Colonial Secretary. The whole question illustrates the evils of circumlocution, and the misfortune of not having a representative of the Medical Council in Parliament.

THE question of the origin of Cancer has long been a disputed, and must always prove an interesting subject of inquiry. VIRCHOW, with many recent foreign observers, as WEBER, FÖRSTER, RINDFLEISCH, BILLROTH, and KLEBS, considers that it originates in the multiplication and abnormal development of the connective-tissue corpuscles. In an essay contained in the current volume of VIRCHOW'S "Archives," Professor WALDEYER, of Breslau, supports another view already partially developed by CORNIL and others, to the effect that whilst in every case of cancer there is unquestionably an hypertrophy of the connective tissue, the disease essentially results from the proliferation of the epithelial cells lining the acini, follicles, or tubules of the organ affected. On examining a case of cancer, as it appears in one of its most common sites, the breast or the stomach, it will soon be found that, variable as are the appearances presented to the naked eye, the microscopic characters of the tumour are nearly the same in all. In the case of the breast, the fat, as a general rule, has nearly disappeared, whilst the connective tissue between the lobuli is increased in quantity. The acini of the mammary gland, where they still retain their normal characters, are round on section, and are lined by sub-cylindrical, finely-granular nucleated cells, free from fat drops; but in the parts adjoining the scirrhous mass two remarkable features are presented—first, an hypertrophy of the *intra*-lobular connective tissue, in the meshes of which are contained a large number of small rounded cells; and secondly, an extraordinary development of epithelial cells in the interior of the acini themselves. The hypertrophy of the inter-lobular connective tissue precedes that of the intra-lobular, or as WALDEYER terms it, the peri-acinous connective tissue and cell-

growth; but contemporaneously with the development of the latter, the acini become elongated and dilated, present lateral projections, and are filled with large cells that clearly proceed from the pre-existing epithelial cells, which line their interior. Nearer the centre of the diseased mass the epithelial hypertrophy preponderates over the peri-acinous cell-growth. The basement membrane of the acini, at first very distinct, soon disappears, and with it the characteristic features of scirrhus become conspicuous. Irregular roundish masses of epithelial cells are now found to fill up the alveoli of the connective tissue constituting the so-called "carcinomatous bodies" of WALDEYER. No vessels ever develop in these accumulations, and the cells which compose them are distinguished from those of the surrounding connective tissue by their greater size, their larger nuclei, and the more granular character of the protoplasm in their interior. On the other hand, the cells of the peri-acinous connective tissue are small, round, often giving off fine and long processes, or presenting a decided lymphoid character. No intermediate forms are ever seen between these two kinds of cell-growth. Sometimes, however, instead of being contained in the acini, the epithelial cells appear to escape into the lymph-spaces of the gland, and may in this way be carried by the lymph-current to distant organs. Where the epithelial cell-growth is greatly in excess, medullary sarcoma is the result; where the hypertrophy of the connective tissue is out of all proportion to the epithelial proliferation, scirrhus or carcinoma fibrosum appears; and when both are developed in nearly equal proportions, we obtain the carcinoma simplex or fibroso-medullare. Regressive metamorphosis of the cells may frequently be observed, and fatty degeneration is, perhaps, the most common in those of the mammary gland. The characters of scirrhus, as it occurs in the stomach, are in all respects closely analogous to the description just given. WALDEYER has not had an opportunity of following the early stages of the development of cancer in the Liver, but the deficiency is supplied by the observations of NAUNYN, who has clearly shown that its origin is to be referred to the epithelial lining of the smallest bile-ducts. In the Kidneys, near the cancerous masses, the interstitial connective tissue is found to be hypertrophied, the urinary tubules and BOWMAN'S capsules enlarged and blocked up with large darkly-granular cells, whilst nearer the centre of the masses are only groups of epithelial cells which assume a lively red colour with carmine, a kind of alveolar network of connective tissue, and indications of tubercle in a state of fatty degeneration. Again, in cancer of the Uterus, the seat of origin is invariably the glandular layer, and his observations on the epithelial cancer of the skin are quite in accordance with the above-mentioned views. The occurrence of carcinoma in the lymphatic glands, in the bones, the spleen, the vessels, and other organs, into which the two epithelial layers of the germinal vesicle never enter, were it true, would be a serious objection to WALDEYER'S views; but, in the first place, though he has seen and examined many cases which had been diagnosed as carcinoma of these parts, they always turned out to be sarcoma, or pure connective-tissue tumours, and, for the most part, mixed forms of round and spindle-celled sarcoma. And, secondly, even supposing it to occur in these organs, it is possible to account for it by admitting the accidental entrance and passage of the cancer-cells along the bloodvessels or lymphatics till they arrive at a locality fit for their further development. He thinks the idea of a general dyscrasia, except in the above limited sense, wholly unjustified by our present knowledge. WALDEYER remarks, with perfect truth, that the idea of being able to establish the malignity or innocency of a tumour from a mere microscopical examination must be given up; since the malignity of a tumour depends not alone on its anatomical structure, but upon very many other conditions—as its locality, and the general condition of the patient. In one instance a particular form of tumour shall remain perfectly innocent; in another, a tumour with the very same anatomical elements shall give every evidence of intense malignity.

THE Walsall papers which were presented to Parliament last week add very little to our previous information as to the real condition of Walsall Workhouse; and whilst the new communication of the Inspector, Mr. A. DOYLE, contains nothing which seriously impugns the general veracity of our Commissioner's explanation, there is at the same time no proof whatever that the treatment of the sick poor is "satisfactory," even according to the extremely low standard of the Poor-law Board.

In reply to the explanatory letter of our Commissioner, the substance of which appeared in our columns on Feb. 1, 1868, p. 176, Mr. ANDREW DOYLE has ventured upon a series of statements and personal remarks, the general character of which may be estimated by a few examples.

Thus he begins by paying Dr. STALLARD the high compliment of being "almost the sole authority for the imputations which have been so freely bestowed not only on the condition and management of provincial workhouses, but upon the system of inspection adopted under the Poor-law Board."

We are quite sure that our Commissioner claims no such honour, and Mr. DOYLE must be aware that the condition and management of provincial workhouses have been freely exposed by many others, and especially by his own colleagues, Mr. CANE and Dr. E. SMITH; indeed, if Mr. DOYLE has read the reports of the latter, he must know that some of the worst specimens of defective workhouses are to be found in the district over which he himself presides. And as regards the system of inspection, we need only point to the influential deputation which waited upon Earl DEVON a few weeks back for the purpose of urging the necessity of reform in this particular, and to a deputation from the British Medical Association which saw him recently upon the same subject.

But in the next place it appears that our Commissioner was mistaken in supposing that the Inspectors are bound to enter the result of their visits in the "Visitor's Book" for the information of the guardians, such being undoubtedly their most frequent practice.

According to a minute addressed to the Poor-law Board some years ago by Mr. CANE, "an Inspector's instructions do not contain any directions as to the course which he is to take for the purpose of acquainting a board of guardians with the fact of his having visited the workhouse." The matter is, therefore, even worse than we supposed. An Inspector is ordered to inspect, but has no orders to give the result of his inspection to the persons who are to provide the remedy, nor does it appear that any steps have been taken to have this obvious want supplied. What are we to infer except that the Poor-law Board do not care whether the Inspectors report or not, and

that the Chief Secretary, or permanent Medical Inspector, does not wish to be troubled by disagreeable documents, which must be put under the table if things are to go smoothly with the guardians.

But again, Mr. DOYLE is at a loss to understand why our Commissioner adverts to the past condition of the Walsall Workhouse, and makes unpleasant inquiries as to the originators of its improved condition. "No doubt," says he, "of late years very considerable improvements have been made in the state of the house; and provided they are effected, it is a matter of very little importance to whose suggestions they may be due." And after putting in a claim for having recommended some alterations in 1861, he further adds "that improvements in the detailed arrangements and management of workhouses must mainly depend upon the efficiency of the master and matron," as upon them also rests the responsibility of such defects as were pointed out in our report. Now, it appears to us that this extraordinary statement is more than sufficient to account for the grievous failure of the present system of inspection, and goes far to relieve the Inspectors from all responsibility. What is the general character and qualification of masters and matrons of workhouses, that they should have responsibility thrust upon them for anything, much less for the arrangements for the sick? What is an Inspector for if not to point out abuses, and see that they are remedied? Does Mr. DOYLE mean to say that it is not his duty to see that the patients are provided with the means of cleanliness, such as wash-basins, baths, and towels? and does he mean to hold the master responsible for bread, eatables, &c., being found under the bolsters, when it is obvious that the patients have no lockers in which to stow them? If so, we have not another word to say to Mr. DOYLE, but we may again congratulate the sick in Walsall Workhouse that they have a kindly medical officer, and a thoughtful and attentive master.

But throughout his comments on our Commissioner's letter and report, Mr. DOYLE continually assumes that we are attacking him, and not the system he so completely represents. Thus in his visits of inspection he must have passed close to stinking watercloscts without reporting them, or without insisting upon their removal; and when the fact is stated, he says "the difficulty of reconstruction is considerable," and "they were constructed before the workhouse was included in my district." And in another place he says, "I am not responsible for defects which have been remedied, as they did not occur while the workhouse was under my supervision." Now we can assure Mr. DOYLE that we have no desire whatever to put more responsibilities upon him than he can bear, or is personally entitled to sustain. We are not so unreasonable as to suppose that the editor of a newspaper would be likely to understand the nature of hospital requirements, much less that he should be called to account for defects which he had not the opportunity to prevent or remedy. We sincerely beg his pardon if we have been unduly harsh towards him. We desire to attack the system, not the Inspectors, who doubtless do their best; but we confidently state that workhouse infirmaries have been constructed, under the supervision of officers employed by the Poor-law Board, without any attention whatever to the laws of health and the requirements of the sick, and that the whole system of medical treatment is grievously defective from the want of proper medical supervision and advice.

One other allusion to Mr. DOYLE's remarks and we have done; and on Mr. DOYLE's account we make it with deep regret. Not content with making the best defence possible for a state of things which is discreditable to a Christian nation, Mr. DOYLE has interspersed his letters with imputations of carelessness, charges of deliberate untruth and interested motives, and insinuations of base conduct on the part of our Commissioner, which he well knows would be libellous from any person not protected by his official connexion with the Poor-law Board. But people who live in glass houses should not throw stones. Mr. DOYLE now knows, and is angry that the public knows too, that he has been convicted of having overlooked grave defects in the internal and detailed management of the Walsall Workhouse, as indeed of several others, and he may rely upon it that he will not remove the stigma by bringing various charges against our Commissioner, charges which have nothing whatever to do with the matter in hand. Dr. STALLARD can, however, afford to treat such charges with contempt. He can point to a high professional and scientific position occupied for many years in his native town. He has been admitted into the higher ranks of the profession, and has been attached to two of our most useful metropolitan charities. He was one of the very earliest pioneers of workhouse hospital reform, and no doubt enjoys the honour of being cordially hated by the permanent staff of the Poor-law Board. So far, however, from his previous connexion with the Poor-law service being a disqualification for the duties we imposed upon him, we consider it to have given him advantages which a practical acquaintance with the system could alone afford.

In conclusion, we believe that with some slight exceptions, which Dr. STALLARD has been the first to acknowledge, the facts we reported concerning the Walsall Workhouse are substantially correct.

UNDER the title, "The Private Soldier as he is," in the April number of *New St. Pauls*, a "Dragoon on Furlough" discusses the recent regulations affecting the private soldier, and especially the inducements held out to him to re-enlist after some years' service. His remarks are generally sensible and to the point, but we wish to call attention especially to his comments upon Paragraph 4 of the official manifesto, which runs thus: "When sick, he has good medical advice, with every comfort." The writer, whilst allowing that many improvements have been introduced into the sanitary, nursing, and diet arrangements of army hospitals, doubts whether army surgeons, as a body, are improved, and divides them into the following classes:—"First, able, but careless men. Secondly, plodding, careful men, who are obsolete and incapable. Thirdly, incapables, who unite carelessness with incapacity. Fourthly, able men, who are likewise careful and earnest. And this last class form a minority as compared with any of the others."

The writer in question proceeds to justify his opinion by giving instances of mismanagement with which he is acquainted. Speaking openly of "stricture of the urethra" in a way not usual in popular magazines, he gives an example of a soldier whose disease was overlooked by one surgeon, properly treated, but not to a cure, by another, and ignored wilfully by a third, and who finally was invalided and discharged the service; whereupon he went to a London hospital, and was at once treated and cured. A second case is given of a horse-

soldier who dislocated his ankle, which injury was overlooked until the damage was irremediable; and a third, of a soldier suffering from a chronic skin complaint, who, failing cure by ordinary methods, procured a book upon the subject, which he presented to his surgeon with the request that he would give him arsenic, which he did with success. All depends, of course, upon these cases being correctly stated; but the "Dragoon on Furlough" must not, we are sorry to say, conclude that mistakes never occur in civil practice, or that every applicant to a London hospital is cured incontinently. We venture also to doubt the correctness of his estimate of our brethren in the British army. That there may be met with a few incapable or careless men in military, no less than in private practice, may be unfortunately true. The hardship the soldier labours under really is his inability to seek another opinion should he be dissatisfied with his medical adviser, or to change his doctor if he finds out, as he soon will no doubt, that he does not "understand his case." The regimental system of medical officering is, we believe, at the root of the evil. Although in a garrison town there may be three or four regimental hospitals side by side under the same roof, each is independent of the other, and no communication respecting their patients passes between the ten or dozen medical men amongst whom the duty is shared. More strange still, the principal medical officer, or deputy inspector, who might be supposed to exercise a surveillance over the whole of the patients, has really nothing to do with them, his duties being administrative and *not* curative. It is true, if an operation is to be performed the surgeon of one regiment may ask those of others to be present; but he would hardly ask for help in the diagnosis of a difficult case, nor could the patient demand such a consultation.

Far too little inducement is held out to army surgeons to cultivate their profession. All the prizes in the service are reserved for the administrative ranks, who discharge duties, as we have said, which have nothing of the professional character about them. We regard this as a great mistake, and one which we have frequently heard intelligent army surgeons regret. There are men occupying a subordinate rank in the army at this moment who would have held high positions in civil life as physicians or surgeons; but there are almost no rewards for professional talents or attainments in the service. The health and personal interests of the soldier are apt to be lost sight of where every effort is turned exclusively to one end, and that the protection of the War Office purse by an economical administration.

Medical Annotations.

"Ne quid nimis."

THE CASE OF DR. STIRLING, R.N.

SINCE our last notice of Dr. Stirling's case was written, we have had the opportunity of reading the official correspondence between that gentleman and Commodore Randolph, and our opinion of the merits of the case is only confirmed thereby. It appears that Captain Purvis, R.N., who is an habitual sufferer from gout, was a patient of the Naval Hospital, and under the care of Dr. Stirling, though for convenience lodged in the Commodore's house. Dr. Stirling had seen his patient in the morning, and had then gone into the country, upon a distinct understanding with his patient that, should he require any attendance during the day, he would send for Dr. Wilson, of his own ship. On his return in the evening, Dr. Stirling was met by Dr. Wilson, who told him that the patient had had a slight exacerbation of his symptoms, for which he had prescribed with success; and Dr. Stirling requested him to let him know if they recurred, and then sat down to dinner. In the meantime, Commodore Randolph, who had been in Cape Town all day, on returning fancies that his friend is worse, and, not content with Dr. Wilson, who is on the spot, sends a peremptory note to Dr. Stirling to come at once, which the latter *instantly obeys*. The Commodore, on seeing Dr. Stirling, informs him that his patient is worse, upon which the Doctor mildly remarked that he was sorry the Commodore had taken the trouble to write to him, as he had already seen Dr. Wilson on the subject. At this the official mind seems to have taken fire, and the Commodore demanded whether the Doctor denied his authority to send for him to attend anybody in his house; to which the reply was that no such denial was made, and that the best proof of it was his presence there in obedience to orders. At the same time, the Surgeon very reasonably intimated that, as Captain Purvis was an *hospital* patient, if he required constant attention it would be better to remove him to the hospital. This seems to have added fuel to the Commodore's fury, and, after indulging in a little more violent language to Dr. Stirling in the presence of Dr. Wilson alone, he rang for his secretary to take down the Doctor's insolent and insubordinate language! Then the Commodore *ordered* Dr. Stirling to inspect his patient, adding, when he was proceeding to obey, that he might do as he thought best about obeying the order; but the Doctor was too old to fall into the trap thus laid for him, and saw his patient, whom he found perfectly comfortable. He then returned and reported this fact to his commanding officer, and then and there, with the view of clearing up the misunderstanding which had arisen, said that he was not conscious of having given offence, and begged, had he done so, to tender an apology. Captain Randolph, however, said he would not receive an apology, but would take further steps in the matter, and accordingly the next day issued an order to Dr. Stirling to give up his appointment to Dr. O'Mally, and to proceed to England by the next mail.

Dr. Stirling thereupon, whilst the matter was fresh in his memory, drew up a statement of the conversations between himself and the Commodore, which he submitted to Dr. Wilson, who made several emendations strengthening Dr. Stirling's position. This document was forwarded in due course to Commodore Randolph for transmission to the Admiralty by a packet-ship; but upon its receipt the Commodore sent for Dr. Wilson, and then and there cross-examined him upon the statement, and induced him to make answers somewhat modifying the statements of Dr. Stirling. The unfairness of such a proceeding is manifest; and, in justice to Dr. Wilson, we must say that he is a young man of only fourteen months' standing in the service, and that it must have been difficult for him to withstand the influence of his commanding officer. In a subsequent letter to Dr. Stirling, he, moreover, acknowledged that the account given by Dr. Stirling was in every respect true. It is certainly somewhat remarkable that Commodore Randolph should not only thus have tampered with the solitary witness of the altercation between himself and Dr. Stirling, but that he should also have rewarded him by an acting commission as surgeon of the *Petrel*, when Dr. Rickard, of the Naval Hospital, and Dr. Olive, temporarily a patient, but perfectly fit for duty, who both were long his seniors, ought in fairness to have been preferred before him.

Let us see for a moment, however, what bearing the Admiralty Regulations have upon the dispute.

1st. According to the Admiralty Instructions to Deputy Inspectors and Staff Surgeons of Naval Hospitals abroad, it is laid down that they are to obey all directions of the Commander-in-Chief, "*excepting when the subjects are purely medical, or*

connected with the professional treatment of the patient." This was certainly the case as regards Captain Purvis.

2nd. In the Queen's Regulations (p. 313) it is laid down that a Commander-in-Chief may suspend any officer, in any department of the naval civil service, "*till the pleasure of the Admiralty shall be known.*" This was not done; for the Commodore immediately ordered Dr. Stirling home.

3rd. Among those not entitled to passage at the public expense are expressly named "civil salaried officers suspended or removed on account of misconduct;" therefore, as Dr. Stirling was sent home at the public expense, we must presume that he was not suspended for misconduct.

4th. In the Queen's Regulations (chap. 40) it is laid down that "as obedience to orders is the essential and governing principle of the naval service, those officers may rest assured of the support and approbation of the Admiralty who, having the misfortune to give offence to, or having injured or insulted others, shall frankly explain, apologise, or offer redress for the same; and every officer who shall act as hereinbefore directed *will be deemed to have acted honourably, and to have evinced a requisite obedience, not only to this order, but also to the pleasure of the Queen.*" Since Dr. Stirling, though in the right, *did* offer an apology for an offence he might unwittingly have given, we would ask why the Admiralty does not express its approbation of his conduct, and mark in an unmistakable way its sense of the manner in which that gentleman has been treated by his superior officer. If a staff surgeon who has served on full pay for five-and-twenty years is not supported by the authorities when his office is invaded, what prospect is there for young assistant-surgeons should they unfortunately come into collision with a hot-tempered man in authority, like Captain Randolph?

The supply of naval medical men is not so superabundant that the Admiralty can afford to dam the tide of popularity which is just beginning to turn slightly in its favour; and Dr. Stirling's case, as it at present stands, cannot but exercise a most injurious effect upon intending candidates for her Majesty's navy.

VACCINO-SYPHILIS.

THE meeting at the Medical Society on Monday evening, under the presidency of Dr. Richardson, was a full one, and the subject of Mr. Lee's paper received ample discussion. It was satisfactory to find that the majority of the speakers, including men with the extensive experience of Mr. Marson, were unable to bring forward any facts at all parallel with the occurrences which have taken place on the Continent as to the inoculation of syphilis by means of vaccination. It is true that some cases were mentioned by Dr. Drysdale and others which were, in the opinion of those who cited them, examples of the occurrence; but it is above all things necessary in questions of this nature, where so many sources of error may creep in, to subject such cases to the most rigorous scrutiny; and it appeared to be the opinion of those who conceded that such a thing as vaccino-syphilitic inoculation was possible under certain circumstances, that none of the cases brought forward stood the test of severe criticism.

Considering that vaccination has conferred such vast benefits on humanity, and that it has been rendered compulsory, it is a source of satisfaction to find how extremely rare in this country have been the cases justifying the suspicion even of syphilis being acquired in this way. Whether the fluid obtained from a Jennerian vesicle always preserves its own contagious principle pure and isolated when unmixed with blood, and uncontaminated with any secretions from a syphilitic lesion, as appears to be the case, or not, we are fully warranted in saying that, with ordinary care, the process of vaccination is perfectly safe. No one, we presume, would be so foolhardy, not to say criminal, as to take lymph from an infant bearing the manifestations of syphilitic disease. Nor need any one incur any risk by using vaccine lymph mixed with blood, or by employing the purulent fluid which arises at a late stage in the Jennerian vesicle. In the Rivalta cases it would appear that the two latter rules were infringed: the lymph was not taken until the tenth day, and it was admixed with blood.

We have restricted our remarks to the subject of vaccino-syphilis; but Mr. Lee's paper opened out a wider field for discussion—viz., as to the exact nature of the fluids which were the vehicles for the transmission of syphilitic poison, Mr. Lee contending that there were no facts to prove that any secretion (except the semen)—whether a physiological product, such as milk, or a morbid product such as the vaccine fluid—could impart syphilis on inoculation, unless it contained blood, or some secretions derived from a syphilitic lesion.

THE NEW EXAMINER AT THE COLLEGE OF SURGEONS.

AT the special meeting of the Council on Monday last, at which all the members were present except Messrs. Thomas Paget and Turner, the vacancy caused by the expiration of Mr. Wormald's ten years of office as an examiner was filled up. On the ballot being taken, it was found that of the twenty-one members present all but four had voted for the senior eligible member below the Court—Mr. John Adams, who was, therefore, declared to be elected. The remaining four votes were, we understand, given in favour of another member of Council not next in seniority, whose name has already been mentioned in connexion with this election. We have nothing to say against Mr. Adams as an examiner of the old and well-worn type. He has the advantages of being actually a teacher of anatomy, and surgeon to a large metropolitan hospital; and thus his knowledge must be fresh upon the subjects of anatomy and surgery. And yet he cannot be regarded as the right man in the right place at the present moment, when the Court of Examiners is weak in its physiological department, and when the effort to assist its members in this matter *ab extra* has just been successfully resisted. We hear much among the opponents of Mr. Paget's scheme of the provisions of the present charter being amply sufficient, since it provides for the election of examiners outside the Council. If, however, when an election comes round, such an enormous majority of the Council will invariably vote for the senior candidate, what probability or possibility is there of bringing new blood into the Court? It is for the Fellows of the College to show by their votes in July next their appreciation of the mode in which the retiring members of Council have fulfilled their pledges, and to secure, if possible, the services of gentlemen who will carry out the intention of the charter in the separation of the Court of Examiners from the Council.

THE PHARMACEUTICAL SOCIETY AND THE BRITISH PHARMACOPŒIA.

THE notice recently issued by the Medical Council warning all pharmaceutists against dispensing medicines according to any other than the British Pharmacopœia of 1867 was made the subject of special discussion at the last meeting of the Pharmaceutical Society. Sufficient time has now elapsed for prescribers and dispensers to accommodate themselves to the change, and to become fully acquainted with any alterations that may have been made in the composition and strength of preparations. The members of the Society are anxious to adopt the new work, but find no little difficulty in consequence of its non-recognition by the medical profession. This is to be accounted for, perhaps, as Mr. Hills pointed out, by the fact that the first edition was so unsatisfactory that no real countenance was given to it. But no excuse of a similar kind now exists. The new edition is pronounced on all hands to be an admirable one. The members who were present came to the

conclusion that it would be well that the Society should issue an advertisement and notify to medical practitioners that the new British Pharmacopœia will be used by pharmaceutists unless special directions to the contrary be given. Dispensers will then have the law on their side, and the responsibility of error will rest entirely with the prescriber. We have spoken strongly on this point before, and again urge upon the profession the imperative necessity of conforming to order and uniformity in the rejection of the old and the adoption of the new Pharmacopœia. The position taken by the Pharmaceutical Society is a very proper one—indeed, they had no alternative.

MR. COOPER AND THE COLLEGE ELECTION.

WE have received from several correspondents who are not personally acquainted with Mr. George Lewis Cooper, copies of a circular which that gentleman has sent to them, soliciting their votes at the election to the Council of the College of Surgeons in July. As the only grounds upon which Mr. Cooper asks support are his seniority and his being the nephew of the late Mr. Samuel Cooper, we cannot suppose that his circular will produce much effect upon the election, which has for its object the return of gentlemen of high surgical position and advanced views, and we only notice the matter to point out the impropriety of the course pursued in attempting to carry a public election by a private canvass. Mr. Cooper and his friends at the Russell Institution may rest assured that the days when seniority and respectability alone were sufficient passports to the Council of the College of Surgeons are gone by.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE Council of the Royal Medical and Chirurgical Society has nominated the following distinguished men of science as Honorary Fellows of the Society:—Sir Charles Lyell, Bart., and Messrs. Darwin, Hooker, Huxley, and Tyndall; also as Foreign Honorary Fellows, Baron Larrey, M. Nélaton, Prof. Kölliker, and Dr. Samuel Gross of Philadelphia. The election of these eminent men, which will follow as a matter of course, will complete the lists of honorary Fellowships in the gift of the Society, the ordinary class being limited in number to twelve, and the foreign class to twenty. The vacancies among the honorary Fellows are those caused by the deaths of Professors Brande, Brewster, Daubeny, Faraday, and Whewell, and those in the foreign list by the decease of Dr. Jackson of Boston, Dr. Panizza of Pavia, and of Dr. Rayer and M. Velpeau of Paris.

THE DRY-EARTH CONSERVANCY.

THE incidental difficulties that retard the solution of the question how best to dispose of the sewage of the country were specially exemplified in a discussion which took place on the subject at the meeting of the Health Department of the Social Science Association on Monday last. It is clear, from the tone of some of the speakers on that occasion, that the obstacles to progress are not only those incident to the want on our part of exact knowledge as to the injurious character and mode of action of sewage, and the non-perfection of engineering measures for the transit of refuse far away from our dwellings, but also those resulting from a too blind adherence to past traditions and prejudices and a belief in the infallibility of present arrangements.

Captain Fishbourne read an interesting paper on the advantages of the earth system, as compared, in results and cost, with those of the present mode of disposing of sewage, or the irrigation plan as in operation at Croydon. After referring to the frequent contamination of air and water by deficiency in the existing machinery of closet, trap, drain and sewer, and the consequent production of disease, such as fever—a proposition that engineers are never disposed closely to examine, but the truth of which science every day confirms,—the author took exception to the system of irrigation, on the ground of the liability to escape of noxious gases from the sewers; the enormous dilution needed, and consequently the great consumption and waste of water; the large amount of land required—for London, for instance, no less than 60,000 acres; and lastly, the impure character of the water coming away from the irrigated lands, as stated by Voelcker and others. He then argued that the dry-earth system prevented all contamination of air and water, the excreta and earth being preserved in such a form as to be highly remunerative—to the extent of £3 per ton. With regard to the working expenses, Captain Fishbourne mentioned that at Hatton a man and a boy sufficed for 800 persons.

Several gentlemen met these statements by flat denial, in declaring in favour of the watercloset system. We failed, however, to note any real argument against the action of the earth system save the impossibility of adopting it in large towns, especially such a place as London. Our object in noticing the matter is simply to express a hope that, in the interests of the public health, the value or inexpediency of the earth conservancy will be discussed in a fair and complete manner. That it has merits of a decided kind there can be no doubt; and on this point the Indian experience is sufficient and emphatic in the results of sweet and wholesome air and smell, which are now novelties in many of the public institutions in India. At home—at Wakefield, the West Riding prisons, the Brighton Barracks at Broadmoor, at Rochdale, Crawley, Hatton, and other places—the system has worked satisfactorily. A case has been made out for giving it a fair trial. If it can in country places, and villages especially, actually render inert the excreta at once when passed, and thus do away with the contamination which is so rife in England, and is the cause of the high death-rate from typhoid fever—which we see by the last report of the Registrar-General still has its accustomed list of victims,—its adoption, when practicable, is a matter, not of choice, but of duty. If, on the contrary, it is a failure, the sooner this is shown and we amend the error of its wide employment in India the better. Its asserted applicability to London, without violation of public decorum, is a fair subject for inquiry. We cannot ignore the testimony which has been accorded to the earth conservancy without doing injustice to the sanitary needs of the time. Sanitarians should honestly ascertain its value, small or great.

REPRESENTATION OF THE SCOTTISH UNIVERSITIES.

WHILE fully sympathising with our Scottish academic friends in their complaint of the inadequate representation proposed to be given them as compared with that already enjoyed by Oxford, Cambridge, and Dublin, we think the present an inopportune time for agitating the grievance. They ought to congratulate themselves that they are to secure some sort of representation, rather than raise an outcry against its inadequacy to the constituencies represented. First let them make sure that they are to be enfranchised, and then agitate for a number of representatives proportionate to the number of the constituents. If they make a premature demand for more representatives than the Government seem inclined to grant, they may find themselves refused any representation at all.

THE RIVER LEA.

IN the year 1865, the Tottenham Board of Health proposed to drain the districts of Wood Green and West Green into the River Lea. The trustees of the latter have opposed this scheme for some time, and also the emptying of any sewage into the river unless it has been deodorised. In 1866, Chancery granted an interim injunction against the plan, and a perpetual injunction in April, 1867. But it seems that the Tottenham Board

managed to obtain a suspension of the order from time to time until the other day, when Vice-Chancellor Giffard declined to sanction any more non-compliance with the law, and the Lord Chancellor, on being appealed to, confirmed this decision. The *Standard*, in calling attention to these facts, remarks that, judging by appearances, the Tottenham Board never made an effort to comply with the law, or with the requirements of the Court of Chancery. It is another example of the way in which local boards systematically evade the law of the land.

SOME ANOMALOUS EFFECTS OF ATROPINE.

IN the current number of the "Royal London Ophthalmic Hospital Reports," Mr. George Lawson calls attention to some of the anomalous effects of atropine upon the eye. In several cases he has found the sulphate of atropia, so useful in general as a sedative, act as a direct irritant, and in two which he relates very troublesome symptoms resulted. In one there was acute conjunctivitis, lasting several days; in the other, erysipelas of the lids, spreading to the face and head, was excited on two occasions, a period of six months intervening. The irritative effects occasionally witnessed from the use of a solution of sulphate of atropia have been generally ascribed to the presence of some free acid in the solution, but Mr. Lawson doubts the truth of this explanation, and very fairly points out that salts containing much more free acid, as *e.g.* the sulphates of zinc and alumina, are used daily in ophthalmic practice without producing the peculiar forms of irritation which he thus describes:—1st. A sense of smarting and heat in the eye, accompanied by redness and lachrymation. These symptoms may pass off in a few minutes, or they may extend over some hours, or even continue for many days. 2ndly. An erysipelatous condition of the eyelids and surrounding integuments, with redness and chemosis of the conjunctiva.

He believes that when atropine acts thus as an irritant, or produces peculiar and distressing symptoms, it is due to some idiosyncrasy on the part of the patient, which renders him intolerant of the alkaloid or of its salts, and, in some cases, of any preparation whatever of belladonna.

Mr. Lawson has drawn attention to a subject which is of great physiological interest. Is the influence excited here a direct one, or are the effects due to reflex action? The latter, probably, if the lesion is due to really "irritative" action. It is conceivable, however, that the effects are direct, and are determined by a more or less paralysed condition of the fibres governing the calibre of vessels, and the secretion from the lachrymal gland. If this be the case, it would be no accidental impurity in the solution employed, but the specific property of the alkaloid which would be the cause of the phenomena.

MEDICAL EDUCATION AND THE MEDICAL COUNCIL.

WE have reason to believe that the question of medical education, which has been so ably raised in our columns by Dr. Parkes, will come before the Medical Council at its approaching meeting. A committee is likely to be moved for on an early day of the session to consider how the subjects of study which the Council have now laid down may be best pursued. Dr. Andrew Wood sought last year to pass a resolution to this effect; but he did not succeed. The question can scarcely be avoided much longer by the Council. And we must hope that it will give a clear sound on the various points concerning the method of medical education which are now occupying so much attention. It has taken a very practical view of the methods of examination; and we hope to see it equally practical in its view of the right modes of teaching.

CHOLERA FUNGUS.

AMONGST other things brought before the Pathological Society at its last meeting was a report by Dr. Sanderson and Mr. Hulke on Thomé's specimen of the Cholera Fungus. The growth, which was taken from vomited and alvine matter, had been cultivated for seven days on a lemon. It consisted of spheroidal corpuscles $\frac{1}{1000}$ of an inch in diameter, cylindrical bodies $\frac{1}{1000}$ in. long and $\frac{1}{3000}$ in. wide, and mycelial filaments, an early stage of some higher form. The interesting feature about the report is the conclusion that the spheroidal bodies, identical with the micrococci of Hallier, are produced in the cavities of the cyst-like bodies described by Dr. Budd in 1849. Indeed Hallier confirms the truth of Dr. Budd's observations. Hallier believes Thomé's fungus to be analogous to the oidium lactis of Fresenius, of which penicillium and achyla are varieties. Hence the starting-point of the cholera fungus is the cyst-like body of Budd; the final development, the penicillium.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly gathering of this Society, on Wednesday last, was very interesting and successful. The action of the meeting, which was a crowded one, in specially restoring Dr. Rogers to his office of president, which he had formally vacated, was significant of the new temper which is beginning to show itself amongst the Poor-law medical officers. Even a worm will turn if you tread on it too heavily and persistently; and the contemptuous indifference to justice evinced by the Poor-law Board in their treatment of Dr. Rogers and, more recently, of Dr. Ransom, of Cambridge, was the last item in a long series of insults to parochial doctors, which seems to have exhausted the patience even of the mildest and most peaceable of that much-enduring class. Of course it may be said that the Poor-law Board will care little as to what judgment the medical officers may pass on their acts. But the expression of the opinion of these gentlemen that Dr. Rogers had been cruelly and unjustly treated was followed up by several speeches which showed a determination on their part to inaugurate united action of a much more serious kind. More than once in the course of the evening the ominous word "strike" was made use of; and there can be little doubt that, repugnant as the thing which the word represents is to men of education and refined feeling, except as a last resort, it is what the insane policy of the Poor-law Board is rapidly teaching the Poor-law doctors to look forward to as their only chance of safety. It is well known that the permanent officials of the Poor-law Board entertain a firm conviction that there is no principle of cohesion in the medical body which would enable it to maintain united action of this kind. But signs are not wanting that the present generation of medical men are not as their fathers. The recent resistance to the tyranny of the sick clubs shows that for a just purpose medical men *will* unite, and loyally uphold each other.

The British Medical Association, in its local branches, affords the machinery by which an organised resistance to injustice might rapidly be extended all over the country; and if this were done, there is no doubt that the tone of professional society in every parish of the country would soon be such as to render it impossible for any man who valued the respect of his professional brethren to accept appointments for which the pay was manifestly inadequate, or from which a professional brother had been expelled for showing a proper independence in the performance of his duty to the poor.

THE VENTNOR COTTAGE HOSPITAL FOR CONSUMPTION.

IT is gratifying to find that, since our last notice, this undertaking has made, mainly through the indefatigable exertions of Dr. Hassall, great and important progress. The subscriptions now amount to considerably over £2000; but it is estimated that, in order to complete the entire plan, about £10,000 will be needed. Looking at the character of the project and its many advantages, we do not doubt that this sum

will ere long be obtained. A most eligible site, well sheltered, facing the south, only a short distance from the sea, and commanding charming views, has just been secured under most favourable circumstances. We are informed that it is intended shortly to give a public dinner to draw together the friends and to promote the interests of the charity. At this gathering the Right Hon. Sir Lawrence Peel, late president of Guy's Hospital, will preside—a most appropriate and able chairman. We have no doubt that he will be well supported, and a considerable addition to the funds realised.

THE DUKE OF EDINBURGH.

The dastardly attempt upon H.R.H. the Duke of Edinburgh's life has roused an indignant feeling in this country which affects all classes. To the medical profession, which is never backward in its loyalty, the case of the Prince is of especial interest as an example of a somewhat rare, though not by any means unknown, fortuitous occurrence—the passage of a ball along a rib for a considerable distance without any injury to the viscera of the chest or abdomen. Thus Guthrie, in his "Commentaries," speaking of this accident, says: "It is a rare exception to a general rule, dependent upon the ball being reflected from something solid which it cannot penetrate—such as a button, a piece of money, a rib, &c."

According to the telegraphic despatch the ball entered the back, half an inch to the right of the spine, struck the ninth rib, followed round the course of the rib, and lodged five inches from the umbilicus and four inches and a quarter beneath the right nipple, having thus traversed a distance of twelve inches and a quarter. The ball in all probability was fired somewhat obliquely, and this favoured its course around the chest. It was, perhaps, fortunate also for the royal patient that his cowardly assailant attacked him behind, since the tissues of the back would offer more resistance than the thin chest-wall in front. It may be remembered that the unfortunate bandsman who fell a victim to Fenian hatred last autumn was fired at directly in front, and the ball passed between the ribs, and traversed the lung, finding an exit behind.

We congratulate Drs. Watson and Young, of the *Challenger* and *Galatea*, on their successful extraction of the ball, which was, no doubt, readily accomplished under the circumstances through a small "counter opening." As the latest accounts pronounce the Prince convalescent, we may hope that, though injuries of the chest-wall are not without some danger to the important organs in the vicinity, the good health and youth of the patient, combined with the solicitous care he has received, will have fully restored him to health before he reaches these shores, where his advent will be anxiously awaited by the public no less than by his august relatives.

SIR JAMES CLARK.

We are happy to say that Sir James Clark is recovering steadily, though slowly, from his late severe illness. This was a sharp attack of bronchitis, accompanied by great prostration, which, with the feebleness of heart consequent on advanced age, at one time caused considerable alarm. Now, however, his medical attendants, Dr. Sieveking and Dr. Kough of Bagshot, consider him to be making progress towards recovery.

CEREBRO-SPINAL MENINGITIS.

We understand that examples of this disease continue to make their appearance sporadically in Dublin. Among the troops stationed at the Island-bridge Barracks a recruit was attacked with this disease on the 22nd inst., and died the following day. The barrack-room from which he was admitted was well ventilated, no overcrowding existed, and the seizure could not be traced to anything insanitary. It is a very curious fact that the examples of the disease in this country should differ so much from those recorded in North Germany. In the Irish cases a petechial or purpuric eruption on the skin has been a very common phenomenon, symptoms of collapse have often set in, and after death the morbid products of inflammation have not been found on the brain and spinal cord with anything like the frequency with which they were discovered in fatal cases in North Germany.

ROYAL VISIT TO THE DUBLIN MEDICAL INSTITUTIONS.

On Friday last His Royal Highness the Prince of Wales, accompanied by the Lord Lieutenant, and other distinguished visitors, inspected the King and Queen's College of Physicians in Ireland. He was received by the President (Dr. Churchill), Vice-President (Dr. Gordon), and other officers attended in academic costume. The noble hall and library of the newly-erected building, and the busts which adorn it, were much admired. His Royal Highness graciously accepted an address from the College, and a printed copy of its records lately compiled by Dr. Belcher.

His Royal Highness also paid visits to the Mater Misericordiæ and Adelaide Hospitals, having been accompanied by Her Royal Highness the Princess, whose presence diffused the greatest joy among the patients of these institutions. Among the donations sent to the charities of Dublin by their Royal Highnesses are the following:—City of Dublin, St. Vincent's, and Adelaide Hospitals, £21 each; Mater Misericordiæ, Incurables, and Coombe Lying-in Hospital, £10 10*s.* each.

UNITED HOSPITALS ATHLETIC CLUB.

A general meeting of the members of this club was held on the 4th of March last, at St. George's Hospital. The accounts of last year were audited; the receipts amounted to £84 18*s.*, the items in the expenditure to £83 15*s.* 2*d.*, leaving a balance in the treasurer's hand of £1 3*s.* 2*d.* Sir Thomas Watson, Bart., M.D., F.R.S., was elected President for the ensuing year. The next meeting for athletic sports is appointed to be held at Beaufort House on Friday and Saturday, June 11th and 12th. The swimming races will take place later in the month.

ASSIMILATION OF THE WINTER SESSION IN DUBLIN AND LONDON.

A meeting of all the lecturers of the Dublin schools is summoned for Tuesday next, at 4 p.m., at the College of Surgeons, to discuss the advisability of commencing the winter session on the 1st of October, instead of the 1st of November. Dissections already commence in October, and there seems no just reason why lectures also should not begin then.

CARMICHAEL PRIZE ESSAYS.

Under the will of the late Mr. Carmichael, the Royal College of Surgeons in Ireland is empowered to award the sum of £200 for the best and £100 for the second-best essay on the State of the Medical Profession every four years. Although four such occasions have passed, for various reasons no award has been made; and, according to the wishes of the testator, the above sums may be doubled by the Council. It is now announced that the successful competitors will be declared, and parts of their essays read, before the assembled College and students on Monday next.

BIRMINGHAM GENERAL DISPENSARY.

The governors of the Birmingham General Dispensary met on Wednesday last, and decided against the honorarium for the medical staff. The report of the committee was adopted by a considerable majority. The governors have, therefore, ap-

proved the suggestion that the appointment of a second resident physician, and of a consulting physician and consulting surgeon to the charity, all of them to be paid officers, be made. The charity has thus wantonly dismissed its medical staff even while accepting the principle of payment for which they contended. The ten years' work of the staff, which has raised the institution from its former difficulties, and made it the most popular charity in Birmingham, and the richest dispensary in the kingdom, counts for nothing. The result has excited an indignant feeling throughout the profession in Birmingham.

THE SICK CLUB QUESTION.

THE equanimity of the Friendly Societies of Rotherham and its neighbourhood has been seriously disturbed by the recent decision of the medical men who met together at Masborough to adopt measures for raising the club payments of the district. Various "Druids" and "Odd Fellows" met at Bridgegate, on the 20th ult., to resist the demand made by the club doctors. It was asserted that the medical men did not agree amongst themselves, that they had "given in," and the like; and a resolution was passed to the effect that "in the event of the doctors enforcing their demands," an attempt should be made "to amalgamate the various orders of friendly societies in Rotherham, and employ one or more doctors for all the lodges in the district." Several speakers suggested that they should, if necessary, do without the doctors. These facts only show how necessary it is for medical practitioners in and about Rotherham to be unanimous in their opinions and decided in action. The friendly societies count upon the activity of the old leaven of division amongst them. A statement made by Dr. Clark, to the effect that the majority of the men who lived by weekly wages would not pay for medical attendance unless compelled by legal means to do so, has given great offence, and Dr. Clark is to be requested by the lodges to withdraw or prove his assertion. He repeats the statement, and accepts the latter alternative, relying upon the composition of the cause list of the County Court, and other facts. The question, of course, is a delicate one, but Dr. Clark is clearly quite capable of taking care of himself.

UNIVERSITY OF LONDON.

ON Wednesday last the Senate of the University of London filled up the vacancies in its staff of examiners as follows:—Examiner in Medicine, Dr. Russell Reynolds, of University College; Examiner in Anatomy, Mr. John Wood, of King's College; Examiner in Physiology, Mr. Henry Power, M.B., of St. George's Hospital; Examiner in Materia Medica, Dr. Garrod, of King's College. The appointments in the other Faculties were—Rev. Dr. Davidson in Hebrew, Professor Coombe Robertson in Political Economy, and Prof. Carey Foster in Experimental Philosophy.

SCARLET FEVER, we regret to hear, has again broken out at Marlborough College.

THE annual meeting for admission to degrees in the University of London will be held at Burlington House on Wednesday, the 13th of May, at 2 P.M.

DR. WILSON FOX will deliver a lecture at the Royal College of Physicians, on Friday, May 15th next, at 5 P.M., "On the Artificial Production of Tubercle in the Lower Animals."

THE Therapeutical Committee of the Harveian Society have received offers of assistance as local honorary secretaries from Dublin, Leeds, Manchester, Clifton, Sudbury, Sidmouth, Bedford, Chelmsford, Gravesend, York, Carlisle, Dover, Sunderland, Birmingham, Seaforth, Tuam, and Newry.

THE new school buildings at St. George's Hospital are now so nearly completed that it is intended to use them for the summer course of lectures, which will be commenced on Monday next. The new wing of the hospital, which will contain sixty-four beds, is in rapid progress, and will be finished, it is expected, about September next.

INSPECTOR-GENERAL DR. BEATSON, the late head of her Majesty's British Army in India, has arrived in England, after a long tour in the former country. He proceeds to Netley as the Principal Medical Officer of that establishment. We congratulate Dr. Beatson on his arrival home. Intelligence as to the distinguished way in which he discharged his duties in India has long preceded his arrival.

THE first number of *The Practitioner*, a monthly journal of therapeutics, will appear on the 1st of July next. It will be edited by Dr. Anstie and Dr. Henry Lawson, and published by Macmillan and Co., and is intended as a special medium of intercommunication of ideas respecting the action of remedies. The contents will consist of short original articles, a *résumé* of the more interesting modes of treatment recorded in the foreign journals, a sketch of the experience of London hospitals, and a department for notes and queries. We wish it every success.

THROUGH the liberality of the Committee of the "Hospital Carriage Fund," University College Hospital has been placed in possession of a carriage for the conveyance of invalids and persons suffering from infectious diseases to and from the hospital. The committee of the recipient institution have felt that the utility of the gift would be greatly enhanced if its use, instead of being confined to the requirements of the hospital, were extended to meet the needs of the surrounding neighbourhood, so as to avoid the serious consequences which result from the employment of public conveyances on the like errand. With this view, it has been decided to lend the carriage, on application to the clerk of the committee of the hospital, for the conveyance of patients to special institutions in the district of University College, on the understanding that the actual expense of its use be defrayed by the borrower. This would amount to about ten shillings.

WE call attention to a brief notice, in another column, of an important pamphlet by Professor Virchow, on "Starvation Typhus." Maculated typhus is now undoubtedly frequently seen in Germany; either because it really happens more frequently than used to be the case, or because the eyes of German physicians are, as Virchow seems to insinuate, more skilled than formerly in detecting this disease. Under these circumstances, it is very important to get the opinion of a high authority, like Professor Virchow, on the etiology of the disease as it presents itself in that country. We think, however, that he has done some injustice to Dr. Murchison's views of the origin of typhus. If we have understood the latter authority at all rightly, he would certainly not attribute such an *exclusive* influence to overcrowding in the production of typhus as Virchow seems to think he does. Certainly we have always believed that Dr. Murchison teaches, *not* that overcrowding is alone sufficient to produce typhus, but the overcrowding of *persons in a state of destitution and physical depression consequent thereon.*

ABYSSINIA.

IF ever a man deserved the fame he has obtained, by surmounting stupendous topographical difficulties, and pursuing his own ends in his own way, in the face of evil prophecy and forebodings, it is Sir Robert Napier. The campaign in Abyssinia has elevated him into the foremost

rank as a military commander and engineer, and it has certainly done a great deal to raise our *prestige* as a military power everywhere. Sir Robert Napier is a great favourite with the doctors, in consequence of his thorough appreciation of the benefits arising from good sanitation; and if he succeed in getting out of the country before the rains, he will have realised to the full the truth of the information we put forward before a soldier set his foot in it. We said the difficulties would be those of transport, from the nature of the country; and our military correspondents declare that never before in the history of warfare have such difficulties been so successfully overcome. A communication, dated the 30th of March, from the camp on the left bank of the Tacazze, thirty miles from Magdala, gives the condition of the advanced brigade before the final assault.

The country south of Antalo is described as a succession of very lofty mountains. There is, in fact, no table land. The troops on several occasions passed over 10,500 ft. At Dildee, about sixty miles north of Magdala, the final depôt was established, and all official papers left, and a reduction of camp equipage and personal kit effected. Tents were allowed in the proportion of one for every twelve officers, and one for every twenty men. A major-general and his staff had a tent between them. The troops marched in serge. Each soldier carried a blanket and waterproof sheet in addition to his great coat and canteen. Cooking utensils were transported on mules, and fifteen days' rations were supplied. There was an allowance of hospital and camp equipage for sick in the proportion of three bell tents, one dhooly, and two pad mules per hundred men; and ninety efficient dhoolies were ordered up from Zoolla to raise this mode of carriage to three per cent. of the force.

Staff-surgeon Madden had charge of the first brigade field hospital of the advancing 1st Division; and Surgeon-major Wyllie, of the Indian Army, had medical charge of the 2nd Brigade; Dr. Currie, of H.M. British Army, was nominated in orders as Principal Medical Officer of the Force.

Nothing could surpass the physical condition of the troops. Their marching powers had grown with the regular daily exertion; their faces were bronzed, and their spirits excellent, and they were fully equal to making greater powers of exertion than British troops had probably ever before undergone. Out of some six hundred and twenty men, we understand, composing the 1st Brigade, only two were on the sick list.

LEGISLATION AGAINST CONTAGIOUS DISEASES.

WE have ascertained on good authority that the operation of the Contagious Diseases Act at Aldershot has been attended with great success. There is no reason to doubt that, with a vigilant surveillance by a system of medical police, and care to prevent fresh introductions of the virus, these diseases might be stamped out at military camps even more surely and effectually than cattle plague. The experience obtained at the station, moreover, corroborates the view which we entertained as to the necessity for providing ample hospital accommodation at the beginning, and that the amount required would rapidly diminish as soon as an impression had been made in controlling the prevalence of those diseases.

There is another point of view from which we cannot avoid looking at this subject, and it is one which Mr. Chadwick has touched upon in a paper published in 1859 in the *Journal of the London Statistical Society*. He pointed out the moral and social evils connected with the distribution of beer. With this question, in its political or economical aspect, we have, of course, nothing to do; but no one can shut his eyes to the effect which the competition between hosts of low public-houses has in inducing their proprietors to adopt practices, for the purpose of attracting custom, which are degrading and injurious to morality and fruitful sources of contagion.

We need only point to the scenes which are enacted at our garrison seaport towns, where men, on their arrival, are entrapped into the lowest public-houses and grog-shops. But what is the most lamentable thing is this: that the better class of landlords are driven to adopt these expedients by the conduct of the more unscrupulous and immoral. We will give in illustration the following fact:—A military chaplain was desirous of providing a less scandalous plan of entertaining soldiers and seamen than he had witnessed at a given public-house. He waited on the proprietor and offered to bear any loss which might accrue from his experiment. He took every means to guard against being cheated, and the end of it was, that he had to pay the landlord £5 to reimburse him for the loss he had sustained in not allowing his house to be the nightly resort of prostitutes; a course to which the man was driven by the practice of his competitors in the same line. We do not expect to eradicate these evils, but we certainly think that these pot-houses require a far stricter and more effective system of police inspection.

THE PUBLIC HEALTH.

THE Registrar-General's returns for the three months ending March 31st, are of a very satisfactory character, for while the rate of birth has been fairly maintained at the high point to which it had gradually risen, the returns of mortality exhibit a very striking decrease, indicative of such a condition of the public health as, considering that it prevailed in what is called the "winter quarter," must be regarded with much gratification.

The fine weather that occurred in February, which is described as having been more like a spring than a winter month, exercised its beneficent influence on the public health; fever and diseases that attack the juvenile population were less prevalent, or, where they prevailed, were probably less fatal than usual in many districts that in other seasons had suffered from their ravages. There are only two instances in which the winter death-rate was so low as it was in the period for which the returns have just been received. In the winter of 1846 it was 2·157 per cent.; in 1856 it was 2·179; in 1850 and 1857 it was respectively 2·261 and 2·298. In the remaining twenty-six seasons it ranged from 2·330 per cent. to 2·910. The death-rate of last winter was 2·234 per cent., against an average (derived from the corresponding periods in the ten years 1858–67) of 2·576 per cent.

The returns both of town and country testify to the higher condition of health enjoyed by their inhabitants. In the large town districts the rate of mortality was 2·403 per cent., the average being 2·761. In districts that comprise small towns, villages, and open country, it was 2·012, the average being 2·350.

The total number of deaths registered in England was 120,095, which is less by about 14,000 than in the March quarter of the previous year, and less by 18,000 than in the same period of 1866. The reduction is apparent, by inspection of the tables, in almost every county. Leicestershire must be mentioned as an exception, a circumstance which seems to be due to measles, which was there prevalent and fatal in an unusual degree. The small county of Westmoreland is another instance in which the rule, almost universal, did not hold.

Intermittent fever prevailed at Wendover, in Buckinghamshire; typhoid fever at Southminster, in Essex, where "drains and cesspools are very bad"; also at Terling, where, as is well known, it had spread with violence. Typhus and gastric fever were fatal at Trowbridge, and 10 deaths from typhoid fever occurred in East Stonehouse, 4 of which were in the Royal Marine Barracks. Fever broke out in Shackerstone (Market Bosworth), and continued to prevail in Winterton, and at Rainford, in Lancashire. The Registrar of Aldbrough, in the East Riding of Yorkshire, states that there were 30 cases of typhus in his sub-district, but only 1 fatal. A malignant form of diphtheria appeared at the railway station at Rillington, in the North Riding, and was readily traced to a well, the water of which was used for household purposes, and into which the matter from cesspools and from other accumulations of impurity had been allowed to penetrate.

Measles visited many districts, and some with fatal effect. In the parish of Corston, in Somersetshire, more than 100 children caught the complaint, but only 1 died of it. The disease was very fatal in Leicestershire, causing 39 out of 96

deaths in Hinckley, in the east sub-district of Leicester 95 out 401, and in Whitwick a fourth part of the total deaths: it also prevailed in Stockport, Liverpool, and Bradford.

Scarlatina raged extensively and fatally in the county of Durham; at Manchester and other parts of Lancashire. It was also prevalent at Tynemouth; and the registrar of Bedlington, in the district of Morpeth, reports that "the 220 deaths are about 100 above the average, owing to the prevalence of scarlatina, of which there have been 121 cases."

THE METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

ON Wednesday evening last a meeting of this Association was held at the Ship Hotel, Charing-cross, when there were assembled not only London Poor-law medical officers, but many from country unions, who had attended by special invitation. Dr. Rogers, the President, occupied the chair, and among those present were Dr. Anstie, Dr. Fowler, Dr. Dudfield, Mr. Goddard, Dr. Ward, Dr. Ransome (Cambridge), Mr. Benson Baker, Dr. Stallard, and many others.

The report, which was of a general character, and the general effect of which is embodied in the resolutions, was read by Dr. Dudfield.

The PRESIDENT, who made a very lengthy address, stated that when he last addressed the Association he was under suspension from the office he held in the Strand Union. He described what had since then occurred,—namely, his forced resignation of that office, and the steps which had led to it. He said he had previously had too much reason to believe he should not obtain justice at the hands of the permanent staff of the Poor-law Board, who had avowed their hostility to various persons, and so stimulated certain guardians of the Union against him. He proceeded to show that on his making a complaint subsequently as to the treatment of a pauper girl at the Edmonton establishment of the Union, a private inquiry was held by Dr. Markham, who condemned Dr. Rogers for making a complaint on the girl's "unsupported statement." Upon this the guardians suspended him, and then searched the minutes for subjects of accusation, upon which he demanded an inquiry. This inquiry was refused, and he was dismissed. He thanked the press, both general and medical, for the support it had given him, one "remarkable exception" alone existing. In conclusion, he advised the medical officers to hold together as an Association, to avoid giving offence to the local boards if possible, and to await the turn of events which might arise from a newly-constituted Parliament. He then resigned his office as President into their hands.

Dr. BENJAMIN CLARKE, F.R.C.S., then moved as a matter of form that Dr. Godrich should take the chair.

Dr. Rogers then vacated the chair, which was accordingly taken by Dr. Godrich, who, in the course of his address, referred to the one "remarkable exception" of which Dr. Rogers had spoken as the *British Medical Journal*, and he warmly condemned the course which had been taken by that paper.

It was moved and seconded "that Dr. Rogers be elected an honorary member of the Association," and this was unanimously agreed to.

Dr. CLARKE then rose, and said that he had a resolution to move with reference to Dr. Rogers, who had placed his resignation in their hands. Dr. Rogers had conferred the very greatest benefits on the Association, having among other things, in his capacity as one of the honorary secretaries of the Infirmaries Improvement Association, had excellent opportunities of bringing before eminent men who belonged to that important Association the facts connected with their own body, thus promoting the general co-operation of the two Associations. Dr. Rogers's character, professional and moral, was unimpeached, and within the last few weeks the ratepayers of his parish, St. Anne's, Soho, had shown what they thought of him by refusing to re-elect the guardians who had brought about his enforced resignation. (Hear.) He then moved that Dr. Rogers forthwith be elected President of the Metropolitan Poor-law Medical Officers' Association, and that he be requested to accept with that post the best thanks of the meeting for his past services, and the assurance of the deepest sympathy of his medical brethren in his recent unmerited persecutions, and their firm conviction that in these sentiments they were warmly supported by the British press, both medical and general, and by the British public. (Hear.)

The CHAIRMAN said that a man more straightforward, less irritable, with more zeal, and at the same time with more judgment, than Dr. Rogers, he had never known. Dr. Rogers met with the most hearty sympathy, because it was known that his cause was the cause of the poor and the oppressed. (Hear.)

Dr. VALLANCE (medical officer of the West Ham Workhouse) said that he feared he was putting himself in a position hardly becoming by now coming forward, as, although an officer of a large union, he was not a member of their Association. It became them to remember a few facts before they elected Dr. Rogers president. It appeared to him that the Association had been laid at the feet of THE LANCET. Dr. Rogers had done this in a letter. Before Dr. Rogers was elected to the post of president, he wished to ask why he had written that letter,—why he had placed the Association at the feet of THE LANCET.

Dr. SMYTH objected to Dr. Rogers being cross-examined in this catechetical manner. It was very unfair. (Hear.)

The CHAIRMAN totally denied that the Association was at the feet of any journal. (Hear.) All they asked of any journal was to tell the truth about them.

Dr. VALLANCE contended that he was speaking *ad rem*. He had no feeling whatever against Dr. Rogers; quite the contrary.

Dr. DUDFIELD (the Secretary) said that they had no connexion whatever of the kind alluded to by Dr. Vallance, with THE LANCET or any journal. All they had to do with the papers was that THE LANCET and many other journals supported them because they believed their cause to be a good one.

The CHAIRMAN then put the resolution moved by Dr. Clarke, and it was carried by acclamation.

Dr. ROGERS having, amidst general applause, resumed the chair, addressed the meeting, thanking them for the honour they had done him in re-electing him. He totally denied that his letter laid the Association at the feet of any paper. Though he had lost his situation at the Strand Workhouse, his connexion with the poor of London would not be severed, as he still remained physician to the Newport-market Refuge.

Mr. E. GODDARD then moved the following resolution:—"That this meeting is of opinion, first, that the system of payment *per case* supplies the most equitable basis for the equalisation of salaries of the London district medical officers; that the scale should be not less than 3*s.* 6*d.* per case, exclusive of the cost of medicines and dispensing; and that the salaries should be subject to triennial revision, payment being made upon the average number of cases attended annually. Secondly, that the scale of payment of the medical staff of the Marylebone Workhouse, approved and sanctioned by the Poor-law Board, is equitable, and that the adoption of a similar scale as a basis for the equalisation of the salaries of the metropolitan workhouse medical officers generally, would give entire satisfaction."

The resolution was supported by Mr. Benson Baker, and other gentlemen, and unanimously adopted.

Dr. ANSTIE, in moving the next resolution, said that one of the great difficulties which they complained of, and owing to which that resolution had been framed, was that in case of any difficulty between the Poor-law guardians and the medical officer, the Board always lent to the former. He certainly was strongly of opinion that the duties specified in Article 5 were not ones which should be saddled on the medical officers. He moved, "That this meeting, having taken into consideration the new General Order of the Poor-law Board, imposing additional duties upon the medical officers of workhouses, desires to record its opinion that the effect of the order, if rightly carried out, will be to bring the medical officers into frequent collision with the guardians; and, being further of opinion that some of the duties—especially those specified in Article 5—can be properly performed only by officers independent of the guardians, deems it advisable that such duties should be performed, as heretofore, by inspectors."

The resolution was, after some discussion, adopted.

Dr. FOWLER said that the recent Bill was not what it pretended to be—a great boon to medical men. All the rateable clauses in it were permissive, and hence of little avail. (Hear.) The reason that the medical men did not appoint qualified assistants was simply one of £. *s. d.* Their salaries did not permit them to do so. (Hear.) The recent regulations would entail very great expense on the medical men, for the immediate demand for two or three hundred qualified assistants would certainly have the effect of increasing the charges of those gentlemen. (Hear.) He then moved "That this meeting

has heard with surprise the announcement of the receipt by the several Boards of Guardians, of a circular letter from the Poor-law Board, on the subject of the employment by medical officers of legally unqualified assistants; that, in the opinion of this meeting, this practice of certain union medical officers has for the last twenty years received the implied sanction of the Poor-law Board itself, as witness the following passage taken from their official circular, dated April 4th, 1848:—'The Board are not prepared to say that in ordinary cases the medical officer may not employ under his own superintendence his assistant or apprentice to visit the sick paupers under his care; but they most distinctly point out that his doing so would not in any degree relieve him from any portion of the responsibility attaching to the discharge of the duties of his office.' That should it, however, be now the intention of the Poor-law Board to enforce the employment by the medical officers of legally-qualified assistants, this meeting is further of opinion that it will be imperatively necessary for the Board to supplement such order with a compulsory and considerable augmentation of the present very inadequate salaries of its several medical officers."

The resolution was seconded by Dr. RANSOM of Cambridge, who described his own resignation as medical officer as having been forced upon him through his persistent endeavours to have carried out proper regulations for the tramps, the inmates of the house, and for the suppression of fever; and he stated that the guardians' *animus* had been supported by the Poor-law Board. The resolution was agreed to.

The proceedings terminated with the usual vote of thanks to the chairman.

Correspondence.

"Audi alteram partem."

THE BEAKED SOUND.

To the Editor of THE LANCET.

SIR,—A reference to the comparative advantage of the modern over the old sound in the course of Sir Henry Thompson's lecture on Stone, in this day's number of your journal, recalls my attention to the fact that in almost all works in which allusion is made to this instrument, its origination is accredited to those to whom, I believe, it does not justly belong.

The volume of your journal for, I think, 1845 contains a letter from me in which I detailed some observations which I had just then made on the bladder in the dead subject, for the purpose of showing what Sir Henry has forcibly reiterated—viz., that with the sound, *prior to that period*, it is impossible satisfactorily to search the bladder, inasmuch as the beak is too long to admit of that freedom of movement within the viscus that is essential to its complete exploration. After trying curves and beaks of varying sizes, I suggested the sound now in use, so far as its figure is concerned, and had a set made by Mr. Ferguson, of Giltspur-street, several of which I have still by me. I believe these were the first sounds that were ever made, or, at all events, used in this country, of the modern shape. The bulb at the end was a great improvement; but at whose suggestion it was made, I know not. It has been, I believe, accorded to Sir William Fergusson.

Had not the device of this "famous beak" been assigned to other surgeons *by name*, I should not have broken silence on the subject. As it is, I think I may be excused for seeking to give publicity to its true history, without incurring the charge of being over-nice about what some may deem "an inconsiderate trifle."

I have the honour to be, Sir,
Your obedient servant,

Finsbury-place South, E.C., April, 1868. JOHN GAY.

RETINAL HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—In reply to the remarks of your correspondent, Mr. Carter, on the case of retinal hæmorrhage I reported in your impression of last week, I beg to observe I was quite aware the fovea centralis is not traversed by any of the larger retinal vessels. If Mr. Carter will refer to my communication, he will see what I stated was that a retinal vessel "ran in close proximity to the spot, and could be followed beyond it," my expression clearly indicating a small but distinctly appreciable vessel, which was not altogether lost until it had passed beyond the region of the fovea. To this statement I still adhere.

I remain, Sir, yours faithfully,

Seymour-street, W., April 28th, 1868. HENRY POWER.

POOR-LAW MEDICAL OFFICERS AND THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I am considerably surprised by the denial with which a statement or suggestion by Dr. L. O. Fox, in THE LANCET of the 18th inst., was met by the Editor of the *Association Journal*. Dr. Fox naturally supposed that the two Poor-law medical officers referred to by that periodical as recently forced to resign by the Poor-law Board were Mr. Fleischmann and myself. The Editor of the *Journal* says it was some one else. Now, I should very much like to know *who* it was. For the last two years, nearly, I have had most of the troubles of my former colleagues of the Poor-law service forwarded to me, either for sympathy or advice, and yet it is a very odd thing that these two gentlemen, who are not Mr. Fleischmann or myself, have never been heard of by me or by anyone I have met with. Again, I respectfully ask, who are the two workhouse medical officers in whose behalf the Editor of the *Association Journal* has been vainly exerting his influence to save them from the results of their infirmity of temper and tendency to seek their objects by public agitation?

In conclusion, I would like to inform your readers, and Dr. Fox, who has so generously taken up the cudgels for me, that he is not the only member of the Association who thinks that the columns of the *Journal* have been employed recently to further objects which were not contemplated by its originators. Many medical friends have expressed themselves most strongly on this matter to me, and, being given to plainness of speech, I have always replied by saying, "It seems to me it has become the organ of the permanent staff of the Poor-law Board."

I am, Sir, yours obediently,
JOS. ROGERS,
A Member of the British Medical Association.

Dean-street, April 7th.

COHNHEIM'S RESEARCHES ON PUS-FORMATION.

OUR attention has been directed to the fact that the doctrine of the production of pus from the white cells of the blood, as illustrated by the recent researches of Cohnheim and others, was promulgated some twenty years ago by Dr. Augustus Waller, in the 29th volume of the *Philosophical Magazine* (1846). In the first paper Dr. Waller remarks, after detailing his microscopic observations of the web of the foot, the tongue, and mesentery of the frog, "I consider it therefore as proved, first, the passage of corpuscles *de toute pièce* through the capillaries; secondly, the restorative power of the blood, which immediately closes the aperture thus formed"—p. 287. The second paper is entitled "Microscopic Observations on the Perforation of the Capillaries of the Blood, and on the Origin of Mucous and Pus Corpuscles." In it the matter is more fully explained. The paper is accompanied by two plates; in one there is an illustration of a varicose vessel giving exit to the blood-cells, and a second shows the corpuscles after escape. These papers are therefore of remarkable interest, and we believe it was Dr. Sharpey who brought their existence to memory.

MEDICAL INSPECTION OF WORKHOUSES.

DEPUTATION TO THE POOR-LAW BOARD.

ON Thursday, a deputation attended from the British Medical Association at the offices of the Poor-law Board. The Earl of Devon, who received the deputation, was attended by

Mr. Fleming, the Secretary, Mr. Owen, Mr. Lambert, and other officers of the permanent staff. The deputation consisted of Dr. Webster (of Dulwich), Dr. O'Bryen (of Kensington), Dr. J. Seaton, Mr. B. Curgenven, Dr. Stallard, Dr. Gibbon, Dr. Camps, Mr. Martin, Mr. Ernest Hart, and Mr. Kelsey.

The deputation pointed out to Earl Devon the objectionable character of the orders recently issued by the Poor-law Board (given in THE LANCET of March 28th), and urged that additional medical inspectors must be appointed to form a special department of the Poor-law Board. It was also urged that the Poor-law Board should seek for powers to pay or withhold any portion of the salaries of medical officers now paid from the Consolidated Fund, and that the same arrangement should be applicable to all officers attending on the sick. The noble Earl, in reply, said he would bring the points before the Committee to which this Bill was referred; but he was not at present prepared to advocate their adoption. The deputation then withdrew.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE anniversary dinner of this charity took place at Willis's Rooms, St. James's, on Wednesday evening last, the 29th inst., Dr. Burrows in the chair, who was supported by the Hon. Thos. Denman, M.P., John Tidd Pratt, Esq., and about forty leading members of the profession. The contributions amounted to about £300, including sums from the President, Hon. T. Denman, Sir Thos. Watson, Sir William Fergusson, Bart., Mrs. Sutherland (who addressed to the President a valuable and impressive letter), Dr. Carr, Dr. Quain, Messrs. James Paget, Sterry, Curling, Birkett, &c.

The operations of the Society extend over the whole metropolis, which contains 3400 medical men, only 389 of whom are subscribers. We are of opinion that the semi-life of this most valuable charity is due in part to the absence of the infusion of new blood among its officials, and the too narrow sphere of its operation. We should be glad to see this Society opening its portals to the whole profession, with a diffused staff of honorary local secretaries, who would no doubt swell its funds so as to meet every possible claim. In the sense of a true charity, there ought to be no limitation. The metropolitan area ought to be converted into the United Kingdom, when doubtless we should see the Society for the Relief of Widows and Orphans worthy the high and noble objects originally designed by its promoters. During the past year, £2243 10s. was expended in the relief of widows and orphans of its members.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations, were admitted Members of the College at a meeting of the Court of Examiners on April 23rd:—

Austin, S. C., Luton.
Cass, E. E., Goole.
Chittenden, F. J., Blackheath.
Curtis, W. R., Kennington.
Cox, Edgar, Malden Newton.
Farsker, W. C., Rotherhithe.
Greenwood, Frederick, Haworth.
Hackney, A. H., Richmond, Surrey.
Harris, William, Redruth.
Hickman, T. H., Beccles.
Hugo, E. H., Exeter.
Langdon, C. G., St. Paul's Cray.
Lee, T. W., Thame.
Longrigg, Dean, Appleby.
Milligan, William, Buxton.
Morton, J. H., Chatham.
Nedeh, F. J., East India-road.
Parkinson, T. J., Newcastle-on-Tyne.
Pritchard, H. J., Clevedon.
Wilson, E. L., Loddington.
Wood, Charles, Welbeck-street.
Wood, T. O., East Rainton.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 23rd and 24th of April:—

Brown, James, Dudley Port.
Garseys, William, Repton, Derbyshire.
Jones, John, Carmarthen.
Lack, Thomas Lumbert, Swaffham.
Moore, Richard Bond, St. Bartholomew's Hospital.
Robertson, Dalrymple Kinlock, do.
Shepherd, Robert John, Plymouth.
Wilson, Allan, Castle Eden, Durham.

The following gentleman also on the same day passed his first examination:—

Walter Rigden, University College.

At the Preliminary Examination in Arts, held at the Hall on the 24th and 25th of April, 67 candidates presented themselves, of whom 20 were rejected, and the following 47 passed, and received certificates of proficiency in general education:—

James Allen, P. L. Booth, C. A. Brodribb, A. J. Clarton, W. J. Cole, H. B. Collins, W. E. Culling, Edward Dawson, R. H. Deakin, W. W. Dickinson, H. Donaldson, J. F. Dixon, M. Eckell, Matthias Grove, W. E. Hacon (special certificate), C. D. B. Hale, Robert Hartley, G. Henderson, E. H. J. Hogg, B. K. Howell, R. D. Hughes, J. J. James, V. D. W. Jones, R. Manser, A. H. Mason, J. W. Measures, A. Moreom, J. H. Morris, E. J. Parker, W. B. Pilkinton, Matthew Reid, R. E. Robinson, John Serjeant, M. M. Shaillebotham, J. E. Slaughter, C. W. Spark, W. D. Strang, J. J. Thorne, E. J. Tore, A. P. Wallis, William Wallis, Samuel Welch, E. Welchman, Benjamin Williams, Edward Wilson, Guy Wood, and G. W. Young.

UNIVERSITY OF ABERDEEN.—At the late Medical Graduation term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery:—

THE DEGREE OF M.D.

Dewar, Thomas Stretch, London.
Fisher, Stephen Winter, Bristol.
Lyle, Thomas, Exeter.
Quinnell, Richard Jas., East Indies.

Promoted to the Degree of M.D.:—

Buckley, Henry Child, Llanelly, Carmarthenshire.
Dabbs, George Henry Roque, Newport, Isle of Wight.
Dawson, Fred. Adams, Brit. Guiana.
M'Robbie, John Strachan, Aberdeen.
Le Rossignol, Augustin, Jersey.
Will, John Chas. Ogilvie, Aberdeen.

THE DEGREE OF M.B.

Adam, Charles, Drainie.
Crombie, John Mann, Aberdeen.
Gunn, John Sutherland, Sutherland-shire.
Hampshire, Frederick Knowlton, London.
Hope, William, London.
Ironside, James, Aberdeen.
King, Henry Kirwan, London.
Matheson, Farquhar, Rosshire.
Muil, William, Aberdeen.
Philip, James Allan, Aberdeen.
Philpots, Edwd. Payne, Leamington.
Robb, John, Aberdeen.
Simpson, George Alex., Aberdeen.
Smith, Francis Wm., Banff.
Smith, Joseph Hume, Methlic.
Tulloch, David, Sutherland.
Walker, Wm. Abraham, Chesterfield.
Williams, Albert, London.
Willock, Richmond Cotts, Aberdeen.
Wood, Alexander, Banff.

THE DEGREE OF C.M.

Adam, Charles.
Crombie, John Mann.
Gunn, John S.
Ironside, James.
King, Henry Kirwan.
Matheson, Farquhar.
Muil, William.
Philip, James Allan.
Philpots, Ed. Payne.
Quinnell, Richard James.
Robb, John.
Simpson, George Alex.
Smith, Francis Wm.
Smith, Joseph Hume.
Tulloch, David.
Walker, Wm. Abraham.
Williams, Albert.
Willock, Richmond C.
Wood, Alexander.

Of the above-mentioned candidates, Chas. Adam, J. A. Philip, John Robb, and G. A. Simpson, received their degrees in Medicine and Surgery with Highest Academical Honours.

At the same time, Robert Macpherson was certified as having passed all the examinations, and is entitled to receive degrees on his attaining the necessary age.

The following gentlemen were declared to have passed part of their examinations:—

R. R. Alexander, A. T. Anderson, R. V. Ash, Samuel Barrett, John Batten, Chas. Bennett, F. R. Berna d, C. R. Brown, R. G. Brown, T. R. Brotchie, M. O. Coleman, G. A. Craig, Brodie Cruickshank, C. D. H. Drury, G. S. Duff, H. V. Ellis, Henry Grant, J. H. Gray, John Gordon, James Hay, P. G. Hay, G. W. Hutchinson, David Johnston, Alex. Lawrence, Edward Mair, David Manson, John Mathieson, A. H. Neeth, Patrick Nicol, Robert Ostlere, T. J. Pickburn, George Robertson, David Shirres, Stephen Skinner, P. E. Smith, A. B. Strahan, J. A. J. Timmins, J. L. Thomas, Alfred Walker, Alex. Walker, F. H. Watson, Alex. Wilson, and Wm. Whitelaw.

UNIVERSITY OF CAMBRIDGE: NATURAL SCIENCE SCHOLARSHIP AT TRINITY COLLEGE.—J. Pryor, of Trinity College, has been elected to this scholarship. There were fifteen candidates from the various Colleges of Oxford and Cambridge.

STATHAM DEFENCE FUND.—A meeting of the General Committee of the Statham Defence Fund was held at the house of Mr. Edwin Saunders, 13A, George-street, Hanover-square, on Thursday afternoon,—Mr. Ibbetson in the chair. The report of the Executive Committee stated that the sum of £372 had been collected. It was decided that Mr. Saunders, Dr. Cholmeley, Dr. Richardson, and Mr. Ibbetson should form a deputation and present the subscription to Mr. Statham. A warm vote of thanks was passed to the medical journals and the Executive Committee for the assistance they had rendered in the matter of the Fund.

HOUSE OF COMMONS, APRIL 29TH.—On the consideration of the amendments in the Artisans' and Labourers' Dwellings Bill, the Attorney-General pointed out numerous legal and technical difficulties in those parts of the Bill relating to the duties of owners and lessees, which must make it practically inoperative, and, for the consideration of these, Lord J. Manners suggested that the debate should be adjourned; which, after a long conversation, was agreed to.

HER MAJESTY has been pleased to subscribe £250 towards the rebuilding of the Royal Infirmary of Edinburgh.

DR. JAMES LITTLE, of Dublin, has been elected a member of the Royal Irish Academy.

MEDICAL INTELLIGENCE.—Surely if a medical quack can be called a woman because he's a *Charlotte Anne*, a chemist might be called a ditto, as he is an *Anne Eliza* (analyser).—*Punch.*

IT is said that Dr. Nélaton has gone to Stockholm to operate upon Baron de Hoepner, the grand marshal of the Swedish Court, for a tumour. The fee offered to the eminent surgeon on this occasion is said to be £4000, his travelling expenses being paid besides.

THE Salford General Purposes Committee has decided by a large majority to recommend the Council to appoint a medical officer of health, "who shall devote the whole of his time to the service of the borough." The salary proposed to be given is £300 a year.—*Pall Mall Gazette.*

WORKHOUSE REGULATION ACT. — Miss Eleanor Salmon, of New Bond-street, appeared on Wednesday to answer a summons taken out by Dr. Aldis, medical officer of health for St. George's, Hanover-square, at Marlborough-street, for employing young women beyond the legal hours required by the Act. The defendant pleaded guilty. Mr. Tyrwhitt, the magistrate, asked Dr. Aldis if he intended to press for penalties. Dr. Aldis replied that this being the first case he would not ask for penalties, but would press for costs. The magistrate said it was a most important Act, and intended to protect the health of women; and if the penalties had been pressed for he would have granted them; and after cautioning the defendant, allowed the costs.

PROPER POLICE REGULATIONS IN BERLIN.—We perceive, by a police notice that medical men are bound, in Berlin, to report cases of small-pox or typhus coming under their care. It is likewise forbidden by the same authorities to convey people affected with small-pox in public vehicles.

SMALL-POX carried off forty persons in Sheffield during the twelve weeks ending the 21st of March. Early in February the disease prevailed among the soldiers in the barracks, which are said to be in a very insanitary state. A large number of the attacked had not been vaccinated.

MEDICAL APPOINTMENTS.

H. BAWTREE, M.D., has been appointed Medical Inspector of Army Recruits for Carlisle and neighbourhood.

T. M. CANN, M.R.C.S.E., has been appointed by the Board of Trade Medical Inspector of Seamen under the provisions of the Merchant Shipping Act, 1867, for the Port of Newhaven.

J. G. CLENDINNEN, L.A.H. Dub., has been appointed Apothecary to the Adelaide Hospital, Dublin, vice O'Meara, resigned.

Mr. G. C. COLES has been appointed Surgeon to the Islington Dispensary, vice Mr. A. Bruce, resigned.

R. B. DARSTNE, M.R.C.S.E., has been appointed Medical Officer for the Longnor District of the Leek Union, Staffordshire, vice Geo. Goodwin, M.R.C.S.E., resigned.

A. GILMOUR, L.R.C.P.Ed., has been appointed Medical Officer of Health for the Burgh and Parish of Linlithgow, N.B., under the provisions of the Public Health (Scotland) Act.

C. E. GLASCOTT, M.B., C.M., has been appointed Resident Surgeon to the Edinburgh Royal Infirmary.

Dr. GLYNN has been appointed Hon. Assistant Medical Officer to the Liverpool Infirmary for Children, vice Dr. Oxley, appointed Medical Officer.

J. GOLDSMITH, M.D., has been appointed Surgeon to the Worthing Infirmary, vice W. G. Barker, M.B., deceased.

Dr. HENSLEY has been appointed a House-Physician to St. Bartholomew's Hospital.

Dr. HOLLIS has been appointed a House-Physician to St. Bartholomew's Hospital.

J. JACK, L.R.C.S.Ed., has been appointed Assistant Medical Officer to the Barony Parish Poor-house, Barnhill, Glasgow, vice Bain, resigned.

T. LITTLETON, M.B., has been appointed Physician to the Plymouth Public Dispensary, vice C. R. Prance, M.D., resigned.

Mr. LOCK has been appointed a House-Physician to St. Bartholomew's Hospital.

J. M'CARTHY, M.R.C.S.E., House-Surgeon at the London Hospital, has been appointed Resident Surgeon to the Royal Sea-bathing Infirmary, Margate, vice Wm. H. Treves, M.R.C.S.E., appointed Medical Officer for the Margate District of the Isle of Thanet Union.

D. M'GREGOR, L.R.C.P.Ed., has been elected Medical Officer to the Court Inglewood of the Ancient Order of Foresters; also Medical Officer and Public Vaccinator for the Penrith No. 1 District, the Greystoke No. 1 District, and the Workhouse of the Penrith Union, Cumberland, vice R. Pearson, M.D., deceased.

C. W. C. M. MEREDITH, M.D., has been appointed Medical Superintendent of the Somerset County Lunatic Asylum, Wells, vice R. Boyd, M.D., retired.

E. W. W. METCALFE, L.F.P. & S. Glas., has been appointed House-Surgeon to the North Shields and Tynemouth Dispensary, vice Elliot, resigned.

W. S. J. H. MUNRO, M.D., has been appointed Medical Officer and Public Vaccinator for the Kilmeridon or No. 3 District of the Frome Union, Somerse shire, vice Bennett, resigned.

D. B. NORTH, M.B., has been appointed Medical Officer and Public Vaccinator for the Tyrrellspass Dispensary District of the Mullingar Union, Co. Westmeath, vice G. W. Berry, M.D., resigned.

M. G. B. OXLEY, L.K.Q.C.P.I., has been appointed Physician to the Infirmary for Children, Liverpool.

W. A. PAXTON, M.B., has been appointed Medical Officer for the Islandshire District of the Berwick-upon-Tweed Union, Northumberland.

J. S. S. PERKINS, L.R.C.P.Ed., has been appointed one of the Surgeons to the Exeter Dispensary, vice T. W. Card, M.R.C.S.E., resigned.

R. ROBINSON, L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Arvagh Dispensary District of the Cavan Union, vice J. W. Rogers, L.K.Q.C.P.I., resigned.

H. G. STURRAY, L.R.C.P.Ed., has been appointed Medical Officer for the Godney-hill District of the Holbeach Union, vice Cottingham.

Mr. L. J. SUMMERS has been appointed Medical Officer and Public Vaccinator for No. 3 District of the Wolverhampton Union, vice H. Hancox, M.D., deceased.

A. WADE, M.R.C.S.E., has been appointed Medical Officer for the Boscastle District of the Camelford Union, Cornwall.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. W. CAVANAGH, L.R.C.P.Ed., has been appointed Assist.-Surgeon 1st Lancashire Rifle Volunteer Corps.

J. D. CROSER, M.D., has been promoted to Staff Surgeon R.N.

J. F. FARR, Assist.-Surgeon R.N., has been appointed to the "Philomel."

C. W. ILIFFE, L.R.C.P.Ed., has been appointed Hon. Assist.-Surgeon 36th Staffordshire Rifle Volunteer Corps, vice Proctor, deceased.

P. N. JACKSON, M.R.C.S.E., Staff Surgeon Army, has been appointed Surgeon 31st Foot, vice Rourke, deceased.

J. LAMBERT, L.F.P. & S. Glas., Assist.-Surgeon R.N., has been appointed to the "Orwell."

R. B. LLOYD, M.R.C.S., has been appointed Hon. Assist.-Surgeon to the 6th (Peterborough) Northamptonshire Rifle Volunteers.

F. N. MANNING, M.D., Assist.-Surgeon R.N., has been appointed to the "Victory" (additional) for service with the Royal Marine Artillery.

W. REID, M.D., Assist.-Surgeon R.N., has been appointed to the "Dwarf."

E. J. SHARDON, M.D., Assist.-Surgeon R.N., has been appointed to the "Avon."

J. WATTS, M.R.C.S.E., Staff Surgeon Army, has been appointed Surgeon 59th Foot, vice Roe, appointed to the Ceylon Rifles.

E. WHEELER, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Cambridge."

Births, Marriages, and Deaths.

BIRTHS.

On the 4th ult., at Limerick, the wife of Dr. Gogarty, of a son.

On the 5th ult., at Princes-street, Stirling, the wife of Dr. Findlay, of a son.

On the 9th ult., at Newton-terrace, Glasgow, the wife of J. D. Maclaren, M.D., of a daughter.

On the 18th ult., at Glanton, Northumberland, the wife of John Wm. Todd, M.R.C.S.E., of a daughter.

On the 21st ult., at Newcastle-on-Tyne, the wife of J. Dalgliesh, M.R.C.S.E., of a son.

On the 23rd ult., at Paisley, the wife of J. T. Donald, L.R.C.S.Ed., of a son.

On the 25th ult., the wife of W. H. Folker, F.R.C.S., of Hanley, of a son.

MARRIAGES.

On the 16th ult., at All Saints Church, Newmarket, John Lowe Price, Surgeon, of Kettering, to Mary Eliza, younger daughter of the Rev. Joseph Stevenson, Rector of All Saints, Newmarket.

On the 23rd ult., at Walcot Church, Bath, Charles Gaine M.R.C.S., of Bath, to Adele Bridges, youngest daughter of the late Henry Bridges-Smith, Esq., J.P., of Up and Nunne, Bathwick.

On the 23rd ult., at Acomb Church, Herbert Smith Renshaw, M.D., L.R.C.P., &c., of Sale, near Manchester, to Sarah Jane, eldest daughter of the late Thomas Gealam, Esq., and granddaughter of Mrs. Scawin, of Acomb-park, near York.

On the 28th ult., at the Church of St. James, Whitehaven, Cumberland, Geo. John Muriel, M.R.C.S.E., youngest son of John Muriel, F.R.C.S.E., of The Chantry House, Ely, Cambs, to Marian, only daughter of the late Henry Rixon, Esq., of Whitehaven.

On the 26th ult., at Whimple, Devon, J. Shirley Steele Perkins, M.R.C.S.E., of Exeter, to Eliza Mary, only daughter of the late S. Groves, Esq.

On the 28th ult., at the Parish Church, Ealing, Wm. Jenner, M.R.C.S., &c., of Baldock, Herts, to Anne Elizabeth, only daughter of James Stark, Esq., of Grove House, Ealing, Middlesex.

On the 29th ult., at the Parish Church, Sephton, Matthew Steele, M.D., of Seaforth, near Liverpool, to Adelaide Sherriff, eldest daughter of Chas. Wigg, Esq., of Waterloo, near Liverpool.

DEATHS.

On the 6th ult., on board the "Surat," in the Red Sea, on his passage homewards, Dr. Henry Joseph Herschel Grieubach, Surgeon in the Bombay (Indian) Army, eldest son of the late Rev. W. R. Grieubach, Vicar of Millington and Pridaythorpe.

On the 13th ult., J. W. Hallion, Surgeon R.N. of Charrington-street, St. Pancras, aged 77.

On the 14th ult., at Liverpool, W. M. A. Barnes, Surgeon, aged 35.

On the 22nd ult., at Wingham, Kent, Frederick Harvey Sankey, M.R.C.S., L.S.A., aged 65.

On the 23rd ult., at Gunnislake, John Michael Sellers, M.B., B.A., T.C.D., M.R.C.S.E. L.M. Dub., formerly Physician to the Sick Poor Institution, Meath-street, Dublin.

On the 28th ult., Henry Miles Atkinson, Surgeon, of Leeds, aged 62.

Medical Diary of the Week.

Monday, May 4.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. Harrison, "On a Case of Osseous Union of the Upper and Lower Maxillæ, and remarkable Displacement of the Teeth and Alveoli, and the Treatment resorted to for its Improvement." Illustrated by Models and Diagrams.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Gavin Milroy: "Sketch of the Geographical Distribution of Cholera in 1866-67."—Adjourned Discussion on Mr. Radcliffe's "Report on Cholera, 1866-67."
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Day, "On some Points connected with the Present Aspect of Medicine."—Mr. Alfred Haviland, "On the Effects of the Morbid Secretion of Milk, illustrated by a Case."

Tuesday, May 5.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. M. Foster, "On the Development of Animals."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, May 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Madge, "On a Case of Ruptured Uterus."—Dr. Playfair, "On the Absorption of Fibroid Tumours of the Uterus." And other papers.

Thursday, May 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Bain, "On Popular Errors."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Fuller, "On the Treatment of Gout, Rheumatism, and Rheumatic Gout."

Friday, May 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Mr. C. Greville Williams, "On the Artificial Formation of Organic Bodies."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Papers will be read on the "Treatment of Syphilitic Albuminuria;" "Antiseptics in the Treatment of Wounds;" "Locomotor Asynergy."

Saturday, May 9.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Bain, "On Popular Errors."

To Correspondents.

MR. GODDARD AND THE CLERKENWELL BOARD OF GUARDIANS.

THIS case came on for argument before the Court of Queen's Bench on the 30th ultimo. The facts are already known to our readers, but it may be well to briefly recapitulate them. Mr. Goddard had been one of the medical officers of the Clerkenwell Union, holding a district. He was transferred to another district at his own request. He was removed from office by a vote of the guardians on the plea of neglect of duty. Mr. Goddard upon this joined issue; contended that he was not convicted of neglect upon satisfactory evidence, and appealed to the highest common law tribunal to reinstate him. He contended that it was not in the power of the guardians to summarily remove him. Mr. Goddard, in pursuance of his claim, has been subjected to heavy expenses—so heavy, indeed, that the Court suggested that the question should be decided in a summary manner to avoid almost interminable litigation. The case is still undecided; but it involves matters of great interest to Poor-law surgeons.

A. B.—A licentiate of the Faculty of Physicians and Surgeons of Glasgow may, by courtesy, style himself "doctor;" but the Poor-law Board and the public service recognise the licence only as a surgical qualification. A licentiate has no right whatever, by law or courtesy, to put M.D. after his name.

Mr. J. T. Ashton's wishes shall be complied with as soon as possible.

ASYLUM REPORTS.

WE must express a regret that we are not able to notice fully the various Reports of Lunatic Asylums that reach us in abundance at the present time. Within the last few days those of the Staffordshire, Norwich, and Surrey County Asylums have been received. There are several important matters in each of them. In the first, attention is directed to an improvement in the water-supply. In the second, Dr. Parsey has recorded some curious facts in regard to recoveries, which took place in not less than 46½ per cent. of the admissions, the highest rate yet attained. The striking feature is the great discrepancy in the proportion of recoveries in the two sexes, under exactly similar conditions. The year's results show only 22 per cent. of recoveries amongst males, and 71 amongst females. In males, Dr. Parsey says, disorders of the nervous system, consequent on or leading to incurable organic changes and mental decay, are far graver in their character than in females. The most degraded forms of idiocy, the most serious phases of epilepsy, and of acute and chronic nerve lesions, are to be found more frequently in the one class than in the other. The third Report to which we alluded is the first of the new Asylum at Brookwood, the establishment which is seen to the right of the rail after passing Woking, on the way to Farnborough. We have a full account of the origin and construction of the asylum, opened on the 14th of June last. From that time to December 31st, 1867, 328 patients were admitted. Dr. Brushfield is the medical superintendent. The water-supply is anything but satisfactory. The water is derived from three shallow wells sunk near the north front. It is expected that there will be an abundant supply from large reservoirs formed along a line of sand and gravel pits on the west side; but Mr. Rawlinson has recommended that it should be obtained from the canal that runs hard by. We hope that every possible precaution will be taken to prevent contamination with excrementitious matter. In spite of all the warning given by past occurrences, the water-supply seems even now to be the last thing to be cared for in the establishment of public institutions.

Dr. C. B. Garrett, (Hastings.)—We are informed that the concluding part of the work is in print, and will soon appear.

F. T. L. T.—The case can be properly treated at any public hospital in the kingdom.

THE WORCESTER DISPENSARY.

To the Editor of THE LANCET.

SIR,—I feel much obliged by your very able remarks in THE LANCET of the 11th instant respecting the impropriety of the Board of Guardians of the Worcester Union sending cases of fractures and dislocations for treatment at the infirmary. Fortunately the medical staff at that institution supported us in protesting against such an infringement of our rights, and we do not expect to lose even the small sum paid to us for treatment of such cases.

A much more important injury is now about to be inflicted at the sister institution—viz., the Worcester Dispensary,—by the introduction of a system of *gratuitous midwifery*. It is contemplated to introduce there a midwife, who is to be guaranteed a sum of £75 per annum, and be enabled to call in the honorary staff in cases of difficulty. We (the union medical officers) received last year for attendance upon midwifery cases no less than £100, and during the same time only £11 for fractures and dislocations. It is impossible to believe otherwise than that the Board of Guardians will avail themselves of this means of inflicting upon us the greatest injury they can—namely, the depriving us of attendance upon midwifery cases. We sent in a protest to the medical staff of the dispensary, requesting their influence with the Committee on our behalf. That was unanimously supported at a meeting of the medical profession in the city, and another meeting has also been held, at which the opinion was much divided. Our proceedings, however, have had no practical effect.

As *gratuitous midwifery* has not to my knowledge been hitherto attempted, and believing that it will seriously affect not only the union medical officers, but also the general body of practitioners, by compelling a low scale of fees to enable them to compete with it, I should feel much obliged if you would kindly give your opinion on this innovation in the profession.

I am, Sir, your obedient servant,
Worcester, April 22nd, 1868. WM. WOODWARD, M.D.

Dr. Sedgwick.—The memorandum to the members of the General Council of the University concerning the claims of the Doctors of Medicine of St. Andrews has been received, but pressure on our space prevents us noticing it this week.

M.D., (Aberdare.)—The answers that are necessary to be given to the questions of our correspondent are too lengthy to be inserted in this place. He will find the information he requires in the Students' Number of THE LANCET. With regard to the first question, however, it would perhaps be better for him to write to the Principal of the University of Glasgow.

WE regret that from the pressure on our space we are compelled to omit a notice of Dr. Symes Thompson's Gresham Lectures delivered during the Easter term.

THE MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—Might I venture to suggest that the best tribute to the founder of the above College would be the enlarging its sphere of action as regards pensioners. In the list of candidates for vacancies in that part of the institution may be seen at the head of the poll the name of one poor widow with a large number of votes, the accumulation of years; but owing to the non-occurrence of a vacancy in May last, she is likely to be outstripped in the race, as the second candidate on the list had polled a large number in a much shorter time. I know personally of one case, amongst others, of a surgeon, who, after practising for fifty years, and doing good to the public in parochial and hospital work during that time, is disabled chiefly from defective sight, and is left destitute. He cannot even enter the lists as a candidate, owing to the limited and partial operation of this institution's benefits.

I am, Sir, yours obediently,
A WELL-WISHER TO THE MEDICAL
April 27th, 1868. BENEVOLENT COLLEGE.

DR. RICHARDSON AND THE NITROUS OXIDE GAS.

AT the meeting of the Medical Society of London on Monday last, Dr. Richardson referred to and corrected an error that had been made in respect to his observation at a previous meeting on the diffusion of carbonic acid and nitrous oxide gases. Dr. Richardson had been reported to say that carbonic acid, because it had the same density as nitrous oxide, would not interchange with nitrous oxide by diffusion. This was incorrect. The observation he made was that the two gases, being of equal density, would diffuse into each other at equal rate of diffusion; and that carbonic acid would interchange with nitrous oxide through membranes at the same rate as it would with itself.

A Member of the London and Provincial Medical Protection Society will oblige us by sending a short account of the position and prospects of himself and fellow-members, both in respect to the late President and other matters.

C. H.—There have been other causes at work to produce the circular.

KING'S COLLEGE HOSPITAL.

To the Editor of THE LANCET.

SIR,—It is not without reluctance that I venture to intrude upon your space a matter in some measure of a personal nature, the recent appointments at King's College Ho-pital; but your observations on this subject in THE LANCET of the 11th instant (and in a former number of your journal*), and the duty which I owe as well to the profession as to myself, compel me to ask you to submit the following brief statement of the principal facts bearing upon this matter to the judgment of my professional brethren.

In 1856, the Council of King's College elected to the hospital two assistant-surgeons and physicians respectively, the gentlemen appointed being Mr. Wood, Mr. Hulke, Dr. Murchison, and myself. The appointments were for a term of three or four years, with eligibility for re-election. Towards the close of 1860 all these officers were re-elected, but they were at the same time informed that upon the termination of the second period they would be ineligible for further office. For a reconsideration of this decision, which took every one by surprise, the assistant officers naturally appealed to the Council, who ultimately altered their determination in so far as pertained to the question of ineligibility for re-election. Soon afterwards both Dr. Murchison and Mr. Hulke resigned; and in 1862, being convinced that the office of assistant-physician to the hospital, as then constituted, was of little advantage either to the school or to its possessor, I also resigned, explaining to the Council the reasons which actuated me in taking this step. Before the acceptance, however, of my resignation, the Secretary to the Council and the Chairman of the hospital requested me to permit my letter to be withheld for a short time, as the Council had then resolved to appoint a Committee of its own body to inquire into the whole question of the mode of appointment of the assistant-officers, from which inquiry material modifications were anticipated. To this request I acceded; but before the Committee had presented its report, my second term of office having expired, the Council again re-elected me for four years (to May, 1867), and it was shortly afterwards announced that the system of temporary appointments would be abandoned, and that in 1867 two permanent assistant-surgeons and physicians would be elected.

Meanwhile, however, the office of pathological registrar to the hospital became vacant, and to this the Council elected me in December, 1865. To the duties of this appointment I devoted myself untiringly; and it was only the gradual failure of my health, in connexion with repeated absorption of poisonous matter in the post-mortem theatre, that at length rendered my resignation of these duties imperative. Scarcely had I resigned than the impairment of health thus occasioned culminated in a long and dangerous illness, which but for the skill and kindness of Sir Thomas Watson and Prof. Garrod would probably have proved fatal, and which eventually left me so weak as to necessitate a considerable lessening of my daily work, and a residence—for a time at least—out of London. Under these circumstances I did not hesitate to relinquish the prospect of emolument held out by private practice, believing that I should thus be able to devote myself more entirely to hospital work. That this belief was not altogether unwarranted, the resolutions communicated to me, both by the Medical Board of King's College and by the Council, are sufficient evidence; while the "Transactions of the Pathological Society of London" testify that in this department of science the school was not unrepresented during my tenure of office. For in November, 1866, the Secretary to the Council wrote me:—

"In accepting your resignation (of office of pathological registrar) the Council have desired me to convey to you their sincere thanks for the able manner in which you have discharged the duties of your office. It will be a gratification to you to know that the Medical Board have expressed to the Council their regret at your being compelled to resign this office owing to the state of your health, and they have borne their testimony to the ability with which you have discharged your duties."

While the Dean of the Medical Faculty forwarded me the following resolution unanimously agreed to by the Medical Board of King's College:—

"Resolved,—That a letter be written to Dr. Conway Evans by the Dean, expressing the regret of the Medical Board that Dr. Conway Evans's health is such as to prevent his continuing the duties of pathological registrar to the hospital, which he has hitherto discharged with ability, and to the satisfaction of the physicians and surgeons of the hospital."

At the expiration of my third period of office (in 1867), the Council again, without application on my part, re-elected me for one year (Mr. Wood and Mr. Henry Smith being at the same time appointed permanently), informing me that they would elect two permanent assistant-physicians in 1868; and accordingly on the 4th instant I received a *lithographed circular* from the Council, intimating that I was not re-elected, but adding, "the Council desire to thank you for the kindness with which you have placed your services at their disposal."

In the above statement I have endeavoured to confine myself strictly to a bare narration of facts, without one word of comment or one expression of feeling of any kind; but, while submitting these facts to the judgment of the profession, it is only right to add that during the entire period of my connexion with King's College Hospital—now nearly twenty years, during the last twelve of which I have been assistant-physician—it has been my good fortune never once to have had any personal disagreement or misunderstanding, even of the most trivial kind, with any one attached to the institution.

I am, Sir, your obedient servant,

CONWAY EVANS, M.D.,
Senior Assistant-Physician to King's College Hospital.

April 27th, 1868.

* THE LANCET (leading article), vol. i., 1860, p. 502 *et seq.*

GEELONG HOSPITAL.

WE have carefully perused the report of the proceedings of the special general meeting of this institution, which appeared in the *Geelong Advertiser* of February 15th. It is to be regretted that it discloses the existence of a state of feeling between the medical officers of the hospital which cannot fail to be injurious to its interests. It appears that the resident surgeon, Dr. Reid, absented himself for many hours from the hospital without special leave or procuring a substitute. At least this was the charge made against him by Drs. Pincott and Day, two of the surgeons to the hospital. It was, moreover, stated that his absence was the more culpable as an operation was fixed to be performed on the day Dr. Reid absented himself. A long discussion took place at the meeting, which was called for the purpose of receiving the report of a Committee appointed to investigate the matter. The Committee, after a full inquiry and the examination of witnesses, came to the conclusion that the charge had not been substantiated, and added that they had undiminished confidence in the zeal and ability of their resident surgeon. The report was signed "Astley Cooper, Chairman." Notwithstanding that the question before the meeting was "the adoption or rejection of the report," a long, animated, and somewhat angry discussion took place, in which the three medical officers above referred to bore an important part. Criminations, recriminations, and offensive epithets were freely employed. It is clear that the staff cannot work in harmony after what has occurred, and the Governors are bound to take decisive steps in the matter. The discussion may not injure the hospital eventually, which appears to be now in a very flourishing state; but it must be injurious to the character of our profession. The report in favour of Dr. Reid was carried unanimously; but hints were thrown out that the subject would be referred to another tribunal.

Dr. Alfred Hall's (Brighton) request shall receive attention.

Q. E. D.—We are sorry to inform our correspondent that there is no ready and simple process known whereby the presence of alum in bread is indicated with certainty.

Dr. Powdrell.—Short notes of the case shall be inserted.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

WE have been requested to publish the following correspondence:—

"The Gresham Life Assurance Society, 37, Old Jewry,
London, April 24th, 1868.

"DEAR SIR,—Proposers for assurance are required to give information as to their state of health, and you have been referred to by Mr. —— as a gentleman competent and willing to give such information. The Company has its own medical men, upon whose reports it adjudicates upon proposals for assurance. As there seems to be a misunderstanding upon the subject in your mind, I return your reference letter, and will request the proposer to give another name if found necessary.

"Your obedient servant,
"F. A. CURTIS, Actuary and Secretary.

"Dr. Taaffe, Old Steine, Brighton."

[COPY.]

"47, Old Steine, Brighton, April 26th, 1868.

"SIR,—I am in receipt of your letter of the 24th, as also my report on the life of Mr. ——, which you return to me, at the same time intimating that there appears to be a misunderstanding in my mind on the subject.

"I beg to assure you that there is no misunderstanding whatever in my mind; for it has long since been agreed upon by Insurance Offices of respectability that the report of the medical attendant should always be paid for by the Offices.

"You have returned my report; but that does not do away with the fact of your having applied for and received it in due course.

"You inform me that you will request the proposer to give another name if found necessary; to which I reply,

1st. That doubtless it will not be found necessary, inasmuch as in all probability my report has been read and found satisfactory.

"2nd. That the proposer cannot give you another name instead of mine; for I have been his medical attendant for several years, and am the only person who could answer the questions contained in your form of report.

"In conclusion, I beg to inform you that I have advised my patient to apply to another Office instead of yours, and that I have forwarded copies of our correspondence to the medical journals.

"I remain yours truly,

"F. Allen Curtis, Esq." "R. P. B. TAAFFE.

The facts speak for themselves. Comment is unnecessary.

Mr. Perry (Sydney), who officiated as surgeon to the ship *Earl Dalhousie* when she left London for Sydney in November last, should lay a statement of the treatment to which he was subjected before the owners of that vessel, or their agents in Sydney. We must decline at present to publish Mr. Perry's letter, as we have no means of hearing any explanation that may be given by the parties who are blamed.

G. S.—The verses have merit, but are not suitable to our columns.

A Poor-law Medical Officer has no alternative. The duty is, no doubt, an unpleasant one; but, under the circumstances, must be performed.

J. S. W., (Lisburn.)—Yes, if he be registered.

L.R.C.P. Lond. will oblige by forwarding the letter.

W. will see that the subject his letter refers to is noticed in another part of this day's number.

QUALIFIED MIDWIVES.

To the Editor of THE LANCET.

SIR,—I should feel very much obliged if any of your correspondents would kindly inform me of the names of any lying-in dispensaries, as also where qualified midwives are to be obtained. An early reply would be esteemed a great favour.

I am, Sir, yours truly,
April, 1868. M.D.

POISON IN RAILWAY CARRIAGES.

THE new carriages on the South-Western Railway are, we perceive, painted bright green. Are the Directors aware that the health of the passengers may be impaired from the arsenic used in the colouring matter? Green paint has vanished from the interiors of our houses from its ascertained deleterious effects on the inmates. Passengers' lives are not so very safe on our lines of railway as to make the additional risk of being poisoned a matter of trivial importance.

OUR esteemed correspondent, *Dr. G. Wallis*, is apparently not aware that all the medical statistics of the Registrar-General's department are published under the direct authority of a name well known in medicine and in science generally, that of William Farr, M.D., F.R.S. The classification of diseases adopted by the Registrar-General is not free from objection, but in its main features it has, we believe, the approbation of the profession; and as regards the use of the term "zymotic," as applied to a certain class of infectious diseases, it is one well understood, and the tendency of modern scientific research has been to show that it is properly so applied.

Ignoramus.—The tubes can be purchased of any instrument maker's. Simply place the point of the tube to the oozing vaccine.

Dr. Tate.—The report will be noticed.

Mr. F. Smith, (Leiston.)—Thanks for the communication, which we have read with much pleasure.

A. B. C.—Unless there are special stipulations to the contrary, the agreement would forbid our correspondent practising in the neighbourhood.

Dr. Leared.—The manuscript is in the hands of the printer.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I have no wish to enter into an altercation with Dr. Duncan in your pages.

With respect to his conduct towards myself, and the representations he has made as to my want of qualifications, &c., the matter is now before the French Court at Toulon, where I have no doubt I shall be able to prove that he *did call* upon my patients, and in very strong terms represented me as an unqualified person, saying that I was a "quack," and "no more qualified to practise than one of the waiters at the hotel." Moreover, that he volunteered the same information to several English nursery-maids on the public promenade!

With respect, however, to my qualifications, I never told Dr. Duncan that I had graduated in Scotland, nor did he ever ask me a single question concerning my qualifications; neither did any of my friends, to my knowledge, represent that I had a French degree. My right to use the title of Doctor is my degree of M.D., dated 1861, from the University of Erlangen; and my other diplomas are as follows:—Member of the Royal College of Surgeons of England, dated 1852; licentiate of the Apothecaries' Hall, 1853; licentiate in Midwifery, Dublin, 1851. My name will be found in the old Medical Directory, with my English diplomas as described above; but as during the last nine years my practice has been almost exclusively confined to Hyères, I have not thought it necessary to place my name on the Register.

On my arrival here I laid my diplomas before the authorities, which I was advised was all that was required of me, and I never from that time to this heard my qualifications to practice called into question until Dr. Duncan's visit to Hyères.

My status in the profession is well known to many physicians of high reputation both in London and Dublin, who are in the habit of recommending patients to winter at Hyères under my professional care.

I have been induced to write this in self-defence, and because I do not wish my friend, Dr. Bag-hawe, to have the onus of refuting Dr. Duncan's insinuations, as when he was here he wrote his letter to your journal, in consequence not of what I said, but of what he heard from independent English visitors.

In conclusion, I may add that it was by the advice of Dr. C. J. B. Williams I first came here, nine years ago. I have great reason to be thankful for what Hyères has done for me, and have every intention of continuing to reside in a climate which has done such wonders in restoring my health.

I remain, Sir, yours, &c.,
Hyères, April 21st, 1868. GRIFFITH GRIFFITH.

To the Editor of THE LANCET.

SIR,—Having seen in your pages a letter calling in question the qualifications of my friend Dr. Griffith, the English physician at Hyères, I deem it but justice to him to state that I know him to be a thoroughly qualified and skilful practitioner, and I have for several years been in the habit of recommending patients to his care, and always to their and my satisfaction. His own case was a remarkable example of arrested phthisis. It was rapidly advancing when I recommended him to go there, nine years ago. For the last six or seven years he has been comparatively well, and quite able to attend to the English patients who have passed the winters in that favoured spot.

I am, Sir, yours, &c.,
Upper Brook-street, London, April, 1868. C. J. B. WILLIAMS.

To the Editor of THE LANCET.

SIR,—Having received an ample apology from Dr. Griffith for having exhibited an anonymous letter derogatory to my character, and for having misinterpreted the motives which actuated me in the matter, and I having expressed my regret at having repeated the statements made to me relative to his qualifications, copies of which I enclose, and which you will kindly publish, all legal proceedings are abandoned.—I am, Sir, faithfully yours,

Hyères, April 24th, 1868. P. CHAS. DUNCAN, M.D.

P.S.—It appears that Dr. Griffith's friend, Dr. B., received the anonymous letter at Cannes, and sent a copy of it to Dr. G.

I most sincerely regret having shown the anonymous letter which I received, reflecting upon the character of Dr. Duncan, and am happy in stating my belief that there is no foundation whatever for the statements contained therein. I also regret having misunderstood Dr. Duncan's motives respecting myself.

April 24th, 1868. GRIFFITH GRIFFITH.

I regret much having repeated the statements made to me relative to Dr. Griffith's qualifications. I also regret that my motives should have been misinterpreted, having had no desire to interfere with his practice or with his patients.

Hyères, April 24th, 1868. P. CHAS. DUNCAN, M.D.

SHEFFIELD AND VACCINATION.

THE town of Sheffield has the unenviable notoriety of possessing an "Anti-Compulsory Vaccination Society." This busy, obtrusive, and it may be said abusive little clique have done their best to decry the inestimable value of vaccination as a prophylactic of small-pox. They hold meetings, circulate statements, and publish so-called statistics, to prove the justice of their cause. They go so far as even to assume the position of the three tailors in Tooley street, of being the representatives not only of Sheffield, but of the British nation. They have succeeded in electing several members of the Board of Guardians on the "platform" of opposition to compulsory vaccination—in other words, to oppose the working of a beneficent statute, which has lately become the law of the land. Such a violation of decency would not be allowed in any other than this "free" country. But is it possible that such a combination will be permitted to exist? It is clearly an illegal combination, formed and carried on for an illegal purpose. As for the "statistics" and "facts" advanced by the Society, they would be utterly contemptible were it not for the influence they exert upon the prejudiced and uninformed. That influence is redolent of mischief of a most serious character to that class of the inhabitants of Sheffield who are ignorant of the benefits which vaccination confers upon the community. We commend the proceedings of this Society of Sheffield to the attention of the Privy Council. If a systematic opposition to an Act of Parliament is to be permitted, it is useless to pass measures in Parliament such as the late Compulsory Vaccination Act. It is marvellous that Yorkshiremen, who are proverbial for their good sense and shrewdness, should be imposed upon by the specious but totally untrustworthy statements of such a Society as that in Sheffield. As a specimen of the lengths to which it carries its impudent assertions, it is coolly stated by one of their supporters in the columns of a Sheffield newspaper that the illness from which Sir John Pakington lately suffered was not chicken-pox, but small-pox.

Medicus.—The letter will appear next week.

Lex.—To study medicine at Berlin, our correspondent should be thoroughly conversant with the German language. The period of study is from four to five years. Before attending any lectures, and being registered as a student, an examination must be passed in classics, mathematics, and the elements of the collateral sciences. At Berlin the examinations are very stringent for the degree of M.D., and they extend over at least a week. Those who wish to practise in Prussia must, after obtaining the above-mentioned degree, submit to the State examination, which lasts a fortnight, and is of the most searching character. By addressing a letter to the Dean of the Faculty of Medicine, our correspondent will learn how he can procure the Calendar, and obtain any further information.

SEVERAL articles are postponed, amongst others, a letter from our German correspondent; "A Visit to Netley;" and the obituaries of M. Jarjavay, Mr. H. Miles Atkinson, and Mr. W. F. Spofforth.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Parkes, Southampton; Dr. C. J. B. Williams; Mr. Wm. Adams; Dr. Greenhow; Dr. Marcet; Mr. Teevan; Mr. Curgenven; Dr. Cobbold Prof. Fraser, Aberdeen; Mr. Gay; Dr. B. Foster, Birmingham; Dr. G. Wallis, Clifton; Dr. Griffith, Hyères; Mr. Sinclair; Mr. Coleman; Dr. Littleton, Plymouth; Mr. White; Mr. Norris, Tenbury; Mr. Duncan, Glasgow; Dr. Dalziel, South Shields; Mrs. Baines; Dr. Gray; Mr. Pollard; Mr. Peile, Lisburn; Dr. Walton; Mr. Cann, Newhaven; Dr. Glascott; Mr. Drury, Newcastle; Mr. Collier; Dr. Garrett, Hastings; Mr. Crabtree, Leeds; Mr. Cranston, Ecbaston; Mr. Cox, Brighton; Mr. Macrone, Middlesborough; Mr. May; Mr. Edwards; Mr. Baker; Mr. Walker, Elton; Mr. Wilson; Mr. Gilbert; Mr. Lee; Mr. Hone; Mr. Oakley; Mr. Morris; Mr. Sutton; Dr. Geldie, Chorlton; Mr. King, Epsom; Dr. Poole; Mr. F. Le Fevre, Jersey; Mr. Pirie; Dr. Tuffe, Brighton; Mr. Furnell, Ootacamund; Mr. Rogerson; Dr. Pringle, Parramatta; Dr. Perry, Sydney; Messrs. Davies and Co.; Mr. H. T. Jones; Dr. Oxley; Dr. Marrman, St. Colon; Mr. Gaine, Bath; Dr. Hall Davis; Mr. Hyde, Secunderabad; Mr. G. Lowsley; Mr. Evershed; Dr. Tuttiett, Ventnor; Mr. Summers, Wolverhampton; Mr. Salter, Birmingham; Mr. Saunders; Mr. Skinner, Eltham; Dr. Mouprati; Dr. Ryley, Hokitika; Dr. Renton; Dr. Pelechin, Bonn; Mr. Mackenzie; Mr. Foster, Hanley; Dr. Harding, Whittlesey; Mr. Muriel, Whitehaven; Dr. Campbell, Machynlleth; Dr. Davys, Waikato; Mr. Harrison, Manchester; Mr. Clay, Penzance; Mr. Atkinson, Bath; Dr. Sanderson; Mr. Cooke, Rochester; Mr. Shaw; Dr. Stewart, Ecredon; Mr. Coles; Mr. Cornfield; Dr. Woolley, Heanor; Dr. Bell; Mr. Hodson, Manchester; Mr. Staniland; Mr. Jenner; Mr. Chamberlain; Dr. O'Connor; Mr. Johnstone; Mr. Knight; Dr. Jervis; Dr. Renshaw; Mr. Henry, Alton; Mr. Treves; Mr. Poland; Mr. Ashton; Messrs. Argles and Co.; Dr. Gilmour, Linlithgow; Mr. Williams, Chatteris; Dr. Heins, Rugby; Mr. James, Southernhay; Mr. Rawlings, Hartlepool; Mr. Hennessy; Mr. Fry, Thaxted; Mr. Ashley, Port Stephens, N.S.W.; Dr. Warden, Malta; Mr. Davies, Morriston; Rev. J. Daniel, Wakefield; Dr. Power; Dr. Steele, Seaforth; Dr. Powdrell; M. B.; The Secretary of the Obstetrical Society; M.R.C.S.; The Editor of the *Birmingham Gazette*; A Member of the London and Provincial Medical Protection Society; Royal Institution; A Well-wisher to the Medical Benevolent College; H. C.; Mediocris Pretium; F. T. L. T.; W. K. L.; Observer; L.R.C.P. Lond.; J. S.; A. D.; J. T.; A. B. C.; Ignoramus; M.D.; &c. &c.

THE *Rotherham and Marlborough Advertiser*, the *Sheffield Daily Telegraph*, the *Liverpool Mercury*, the *Times of India*, the *Courier*, the *Somerset and Wilts Journal*, the *Brighton Gazette*, the *Geelong Register*, the *Aberdeen Herald*, the *Market Telegraph*, and the *Liverpool Daily Post* have been received.